FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines National Association of Insurance and Financial Advisors Political Action Commit-2901 Telestar Court ADDRESS (number and street) Check if different than previously Falls Church VA 22042 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00005249 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2007 07 3 1 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Peter C. Browne Type or Print Name of Treasurer Electronically Filed by Peter C. Browne 08 16 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Re	port Covering the Period: From:	0 7 0 1 Y Y Y Y Y Y 1 1 1 1 1 1 1 1 1 1 1 1	To: 0 7 3 1 2 0 0 7
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
	(a) Cash on Hand January 1		138478.22
	(b) Cash on Hand at Begining of Reporting Period	102203.48	
	(c) Total Receipts (from Line 19)	97599.53	562563.50
	(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	199803.01	701041.72
	Total Disbursements (from Line 31)	62677.65	563916.36
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	137125.36	137125.36
	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	23949.52	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Commit-

tee

Report Covering the Period:

From:

м м 0 7 01

^Y 2 0 0 7

To:

^м 7

^D 3 1

2007

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	35061.16	157020.93
	(ii) Unitemized	62538.37	405542.57
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	97599.53	562563.50
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	97599.53	562563.50
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
О.	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	97599.53	562563.50
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	97599.53	562563.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(1) 1 1. 1.0.	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating		0.00
Expenditures	1077.65	108973.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	1077.65	108973.86
2. Transfers to Affiliated/Other Party		
Committees		0.00
Federal Candidates/Committees and Other Political Committees	61500.00	452500.00
. Independent Expenditure (use Schedule E)	0.00	0.00
 Coordinated Expenditures Made by F Committees (2 U.S.C. 441a(d)) 	Party	0.00
(use Schedule F)		
. Loan Repayments Made		0.00
. Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	100.00	2442.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	100.00	2442.50
Other Disbursements		0.00
. Office Disburscriterits		5.00
Federal Election Activity (2 U.S.C 43 (a) Shared Federal Election Activity	• • • • • • • • • • • • • • • • • • • •	
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Er With Federal Funds	ntirely	0.00
(c) Total Federal Election Activity (a Lines 30(a)(i), 30(a)(ii) and 30(add 0.00	0.00
. Total Disbursements (add Lines 21((c) 22	
23, 24, 25, 26, 27, 28(d), 29 and 30	2227.05	563916.36
. Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(563916.36
(subtract Line 21(a)(ii) from Line 30(from Line 31)	(a)(ii) 62677.65	56391

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	97599.53	562563.50
34. Total Contribution Refunds (from Line 28(d))	100.00	2442.50
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	97499.53	560121.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1077.65	108973.86
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	1077.65	108973.86

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 116 (check only one) X 11a 11b 11c 12
An or f	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Association of Insurance and F			
Δ.	Full Name (Last, First, Middle Initial) Ms. Robelynn H. Abadie Mailing Address 4933 Antioch Blvd. City Baton Rouge FEC ID number of contributing federal political committee. Name of Employer Self-employed	State LA C Occupation Insurance		Date of Receipt M M J D D J Z D O 7 Transaction ID: R1690458 Amount of Each Receipt this Period 21.00 Payroll Deduction
	Receipt For: Primary General Other (specify)	Aggregate	PYear-to-Date ▼ 296.00	
3.	Full Name (Last, First, Middle Initial) Ms. Robelynn H. Abadie Mailing Address 4933 Antioch Blvd. City Baton Rouge FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State LA C Occupation Insurance Aggregate		Date of Receipt M M / 27 / 2007 Transaction ID: R476116 Amount of Each Receipt this Period 200.00 Credit Card
C.	Full Name (Last, First, Middle Initial) Mr. Michael J. Ables, LUTCF Mailing Address PO Box 2205 City Avila Beach FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State CA C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: R1690459 Amount of Each Receipt this Period 105.00 Payroll Deduction
SI	UBTOTAL of Receipts This Page (optional)			326.00
TO	OTAL This Period (last page this line number o	nly))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/116
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	ments may me and add	r not be sold or used by any personal ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and Fittee	nancial Ad	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Paul Adams			Date of Receipt
	Mailing Address 5101 Missy Maric Lane			07 10 2007
	City	State	Zip Code	Transaction ID: R1688001
	Las Vegas	NV	89130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		72.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General		504.00	1
	Other (specify) ▼		504.00	
В.	Full Name (Last, First, Middle Initial) Mr. Dudley C. Aist, Jr.			Date of Receipt
	Mailing Address P O Box 280			07 02 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R475392
	Charlotte Hall	MD	20622	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation		Check
	Name of Employer Self-employed	Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		250.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. James M. Allen			Date of Receipt
	Mailing Address 414 McCall Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1689606
	Waukesha	WI	53186-6009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	\dashv
	Primary General	1 1991 194111		1
	Other (specify) ▼		210.00	
S	UBTOTAL of Receipts This Page (optional)			352.00
\vdash				-
_T	OTAL This Period (last page this line number onli	v)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 116 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Insurance an tee	d Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) Ms. Carol A. Anderson, LUTCF, CFP			Date of Receipt
Mailing Address 717 N. 87th St.			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: R1691130
Omaha FEC ID number of contributing federal political committee.	C	68114	Amount of Each Receipt this Period 50.00
Name of Employer Self-employed	Occupation Insurance	e Agent	Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) 3. Mr. Robert B. Anderson, CLU	•		Date of Receipt
Mailing Address 1456 Old Boones Cre	eek Road		07 10 / Y Y Y Y Y Y Y
City Jonesborough	State TN	Zip Code	Transaction ID: R1691124
FEC ID number of contributing federal political committee.	C	37659	Amount of Each Receipt this Period 50.00
Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. William C. Anderson, LUTCF	•		Date of Receipt
Mailing Address 205 Whippoorwill Lane			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Altamonte Spgs	State FL	Zip Code 32701-7827	Transaction ID: R1691476
FEC ID number of contributing federal political committee.	C	32701-7627	Amount of Each Receipt this Period 25.00
Name of Employer Occupati Self-employed Insurance		n e Agent	Payroll Deduction
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional)			125.00
, 0 ()			

TOTAL This Period (last page this line number only)

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 116 (check only one) X
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-
A .	Full Name (Last, First, Middle Initial) Mr. William C. Anderson, LUTCF Mailing Address 205 Whippoorwill Lane City Altamonte Spgs FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State FL Occupation Insurance Aggregate		Date of Receipt M M Z D Z D Z D Z D Z D Z D Z D Z D Z D
3.	Mr. William R. Anderson Mailing Address 1842 Vermont Ave NW City Washington FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State DC C Occupation Insurance Aggregate		Date of Receipt M M M / 20 / 2007 Transaction ID: R475986 Amount of Each Receipt this Period 20.83 Check
)	Full Name (Last, First, Middle Initial) Mr. William R. Anderson Mailing Address 1842 Vermont Ave NW City Washington FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State DC C Occupation Insurance Aggregate		Date of Receipt M M M / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		······	141.66
т	OTAL This Period (last page this line number on	lv)	>	

SC	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 116
	MIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
			, ,	13 14 15 16 17
Any or fo	information copied from such Reports and Star commercial purposes, other than using the n	itements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
) i	IAME OF COMMITTEE (In Full) National Association of Insurance and Fee	Financial A	dvisors Political Action Com	mit-
	ull Name (Last, First, Middle Initial) Ir. David William Ashley			Date of Receipt
N	Mailing Address 10939 N W 32 PI			07 10 7 2007
	Dity	State	Zip Code	Transaction ID: R1690726
	Gainesville EC ID number of contributing	FL	32606	Amount of Each Receipt this Period
	ederal political committee.	C		42.00
N S	lame of Employer Self-employed	Occupation Insurance		Payroll Deduction
F	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼	0 0	252.00	
	full Name (Last, First, Middle Initial) Mr. Douglas E. Aycock, CLU, ChFC			Date of Receipt
N	Mailing Address 5113 Southwest Pkwy #	07 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R1690859
_	Austin	TX	78735-8915	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		42.50
N	lame of Employer Self-employed	Occupation		Payroll Deduction
F	Receipt For:		e Year-to-Date ▼	1
	Primary General Other (specify) ▼		297.50	
	ull Name (Last, First, Middle Initial) S. Barbara B. Balser, CLU, ChFC			Date of Receipt
N	Mailing Address 750 Park Avenue, NE 42PH			0 7 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R476010
	Atlanta	GA	30326	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
N	lame of Employer Self-employed	Occupation		Check
F	Receipt For:	-	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
SUI	BTOTAL of Receipts This Page (optional)			334.50
			<u> </u>	
TO:	TAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 116 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
A .	Full Name (Last, First, Middle Initial) Mr. John C. Beckwith Mailing Address 1908 Greenbriar Drive City Portage FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State MI C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: R1690884 Amount of Each Receipt this Period 42.00 Payroll Deduction
3.	Full Name (Last, First, Middle Initial) Mr. Kent A. Bennett Mailing Address 280 Hollow Road City Muncy FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	State PA C Occupation Insurance Aggregate		Date of Receipt M M
- .	Full Name (Last, First, Middle Initial) Mr. Robert A. Berg, CLU, LUTCF Mailing Address 1405 Blackberry Lane City Stevens Point FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	State WI C Occupation Insurance Aggregate	Zip Code 54481-9140	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: R1690174 Amount of Each Receipt this Period 30.00 Payroll Deduction
s	UBTOTAL of Receipts This Page (optional)			159.50
T	OTAL This Period (last page this line number or	ılv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMB	ER: PAGE 12/116	
	EMIZED RECEIPTS		or each category of the	(check only one)		
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11	\vdash	
_				13 14		
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	/ not be sold or used by any perso dress of any political committee to	n for the purpose of solicit contributions t	soliciting contributions from such committee.	
	NAME OF COMMITTEE (In Full)		7,			
$ \rangle$	National Association of Insurance and I	inancial A	dvisors Political Action Com	mit-		
<u>/</u>	Full Name (Last, First, Middle Initial)					
A.	Mr. Thomas C. Besselman			Date of Receip	t	
	Mailing Address 6421 Perkins Rd # 2b				D / Y Y Y Y	
				07	10 2007	
	City	State	Zip Code	Transaction ID		
	Baton Rouge	LA	70808-4125	Amount of Eac	ch Receipt this Period	
	FEC ID number of contributing federal political committee.	С			50.00	
	Name of Employer	Occupation		Payroll Deduc	tion	
	Self-employed	Insurance				
	Receipt For:		e Year-to-Date ▼			
	Primary General		050.00	1		
	Other (specify) ▼		350.00			
ь	Full Name (Last, First, Middle Initial)			Data of Danais		
В.				Date of Receip		
	Mailing Address 1125 Beldon Way	ing Address 1125 Deldon Way			10 2007	
	City	State	Zip Code	Transaction ID: R1690691		
	Reno	NV	89503-3164		ch Receipt this Period	
	FEC ID number of contributing			7 1111001111 01 200	 	
	federal political committee.	C			60.00	
	Name of European	Lowers		Payroll Deduc		
	Name of Employer Self-employed	Occupation				
	Receipt For:	Insurance	e Year-to-Date V			
	Primary General	Aggregate	Teal to Bate V	1		
	Other (specify)		420.00			
				'		
_	Full Name (Last, First, Middle Initial)					
C.	Mr. J. Blayne Bird			Date of Receip		
	Mailing Address 315 Willow Drive			0 7	10 2007	
	City	State	Zip Code	Transaction ID		
	Blackfoot	ID	83221-3907		th Receipt this Period	
	FEC ID number of contributing			7 6.1 24.0	· · · · · · · ·	
federal political committee. Name of Employer Solf omployed		C			30.00	
		10		Payroll Deduc	etion	
		Occupation Insurance				
	Receipt For:		e Year-to-Date ▼			
	Primary General	Aggregate	Teal to Bate V	1		
	Other (specify)		210.00			
				' [
	-					
s	UBTOTAL of Receipts This Page (optional)				140.00	
\vdash	,					
T	OTAL This Period (last page this line number o	nly))			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 116 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Statemer for commercial purposes, other than using the name a	nts may and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finance	icial Ad	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Ms. Eleanor B. Blaylock Mailing Address 9439 Gay Lane City St Oil City LA FEC ID number of contributing federal political committee. Name of Employer Self-employed Occurrent	cupation	e Agent Year-to-Date ▼	Date of Receipt M M
 3.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Brian D. Boesiger, CSA, LUTC	0 0	362.50	Date of Receipt
	•	tate	Zip Code	0 7 1 0 2 0 0 7 Transaction ID: R1688252
	Lincoln NI FEC ID number of contributing federal political committee. C		68516-4886	Amount of Each Receipt this Period 30.00
	Self-employed Inst		e Agent Year-to-Date ▼	Payroll Deduction
	Full Name (Last, First, Middle Initial) Mr. Lane Boozer Mailing Address 1400 N Corinth St Ste 109			Date of Receipt
	,	tate	Zip Code	0 7 1 0 2 0 0 7 Transaction ID: R1689255
	Corinth TX FEC ID number of contributing federal political committee. C		76208-5444	Amount of Each Receipt this Period 42.50
	Self-employed Inst		e Agent Year-to-Date ▼	Payroll Deduction
s	UBTOTAL of Receipts This Page (optional)			135.00
T	OTAL This Period (last page this line number only)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)		14 / 116
	EMIZED RECEIPTS		or each category of the	(check only one)	-
• • • • • • • • • • • • • • • • • • • •	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c	12
				13 14 15	16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	n for the purpose of soliciting contrib	outions
Oi		iame and add	dress of any political committee to	Solicit Contributions from Such Comin	muee.
	NAME OF COMMITTEE (In Full)				
\angle	National Association of Insurance and F tee	-inancial Ad	dvisors Political Action Com	nit-	
	Full Name (Last, First, Middle Initial)				
Α.	Mr. James F. Boylan, LUTCF,CIC			Date of Receipt	
	Mailing Address 8489 N.W. 15th Ct				007
	City	State	Zip Code		007
	Coral Springs	FL	33071-6214	Transaction ID: R475866	Dania d
	•	15	33071-6214	Amount of Each Receipt this F	rerioa
	FEC ID number of contributing federal political committee.	C		:	250.00
	Name of Employer	Occupation	2	Check	
	Name of Employer Self-employed	Insurance			
	Receipt For:		e Year-to-Date ▼		
	Primary General	Aggregate	real to Bate V		
	Other (specify)		250.00		
			0 0 0 0 0 0 0		
	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 148 Grove Street			M M / D D / Y Y	YYY
				07 10 2	007
	City	State	Zip Code	Transaction ID: R1690513	
	Westwood	MA	02090	Amount of Each Receipt this F	eriod ·
	FEC ID number of contributing	С			41.66
	federal political committee.				41.00
	Name of Employer	Occupation	n	Payroll Deduction	
	Name of Employer Self-employed	Insurance			
	Receipt For:		e Year-to-Date ▼		
	Primary General	199.09			
	Other (specify) ▼		291.62		
				'	
_	Full Name (Last, First, Middle Initial) Mr. Gary A. Bramon, CLU, ChFC			Date of Receipt	
J .	Mailing Address 269 San Felipe Way			<u> </u>	YY
	Zos Sair i enpe way				2007
	City	State	Zip Code	Transaction ID: R1691080	
	Novato	CA	94945-1687	Amount of Each Receipt this F	Period
	FEC ID number of contributing				50.00
	federal political committee.	C			50.00
Name of Employer Occu Self-employed Incu				Payroll Deduction	
				, ayren zeaasnen	
		Insurance		_	
Receipt For: Aggrega Primary General			e Year-to-Date ▼	. [
	Other (specify)		350.00		
Other (specify) 🔻			0 0 0 0 0 0 0		
٥	3	841.66			
\vdash	UBTOTAL of Receipts This Page (optional)				
_	OTAL This Period (last page this line number o	nlv)			
		,,			

SCHEDU	LE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBE	R: PAGE 15/116
	D RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b	☐ 11c ☐ 12
			, ,	13 14	15 16 17
Any information or for comment	on copied from such Reports and Starcial purposes, other than using the n	tements may ame and add	r not be sold or used by any perso Iress of any political committee to	n for the purpose of so solicit contributions fro	oliciting contributions om such committee.
1	COMMITTEE (In Full) Association of Insurance and F	inancial Ad	dvisors Political Action Com	mit-	
Mr. John G	(Last, First, Middle Initial) . Brandt, LUTCF, FIC			Date of Receipt	
	dress 2103 Sunset Lane				0 2007
City La Cross	se	State WI	Zip Code 54601	Transaction ID: Amount of Each	R1690255 Receipt this Period
FEC ID nu	imber of contributing itical committee.	С			30.00
Name of E Self-emplo	imployer byed	Occupation Insurance		Payroll Deducti	on
Receipt Fo		Aggregate	Year-to-Date ▼ 210.00		
B. Mr. Ronald	(Last, First, Middle Initial) D. Brant, CLU, LUTCF			Date of Receipt	
Mailing Ad	Mailing Address 10234 Hoffman				0 2007
City		State	Zip Code	Transaction ID:	
Maybee		MI	48159-9777	Amount of Each	Receipt this Period
	imber of contributing itical committee.	C		Payroll Deducti	208.00
Name of E Self-emplo	imployer byed	Occupation Insurance		T ayron Deducti	OII
Receipt Fo	or:		Year-to-Date ▼		
Prim Othe	ary		1506.00		
	(Last, First, Middle Initial) H. Briggs, Jr., CLU, C			Date of Receipt	
	dress 2610 Bohler Rd NW			M M / D	0 2007
City		State	Zip Code	Transaction ID:	R1691225
<u>Atlanta</u>		GA	30327-1418	Amount of Each	Receipt this Period
federal pol	imber of contributing itical committee.	С		Payroll Deducti	50.00
Name of E Self-emplo	mployer byed	Occupation Insurance		T ayron Deducti	OII
Receipt Fo		1	Year-to-Date ▼ 350.00		
SUBTOTAL	of Receipts This Page (optional))		288.00
TOTAL This	Period (last page this line number or	ـــــــا) (yاد			

SC	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 116			
TE	MIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12			
_			Detailed Summary Page	13 14 15 16 17			
Any or f	information copied from such Reports and Stator commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
	National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	nit-			
	Full Name (Last, First, Middle Initial) Mr. C. Robert Brown, Sr.			Date of Receipt			
Ī	Mailing Address 8675 WestCott			0 7 1 0 2 0 0 7			
	City	State	Zip Code	Transaction ID: R1689298			
	Germantown	TN	38138-7738	Amount of Each Receipt this Period			
	FEC ID number of contributing rederal political committee.	C		62.50			
i	Name of Employer	Occupation	 1	Payroll Deduction			
	Self-employed	Insurance					
Ī	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		437.50				
	Other (specify)	0 0	0 0 0 0 0 0 0				
_	Full Name (Last, First, Middle Initial) Mr. Michael O. Brown, LUTCF			Date of Receipt			
	Mailing Address 6512 Nell 3			07 10 7 2007			
	City	State	Zip Code	Transaction ID: R1691000			
	Edmond	OK	73013	Amount of Each Receipt this Period			
1	FEC ID number of contributing dederal political committee.	C		60.00			
Ī	Name of Employer Self-employed	Occupation		Payroll Deduction			
-		Insurance		4			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify)	0 0	420.00				
_	Full Name (Last, First, Middle Initial)						
-	Mr. Dennis A. Brumbaugh, LUTCF			Date of Receipt			
	Mailing Address 17 Conley Lane			07 10 7 2007			
	City	State	Zip Code	Transaction ID: R1690783			
	Elma	WA	98541	Amount of Each Receipt this Period			
	FEC ID number of contributing ederal political committee.	C		42.50			
Ī	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction			
Ī	Receipt For:		Year-to-Date ▼	1			
	Primary General		207.50				
	Other (specify) ▼	0 0	297.50				
su	SUBTOTAL of Receipts This Page (optional)						
	,		<u> </u>				
TC	TAL This Period (last page this line number on	ly)	>				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17/116
	EMIZED RECEIPTS	or each category of the	(check only one)	
•	LIMIZED HEOLII 13		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
۸۰	w information against from auch Departs and State	monto mo	, not be cold or used by any parce	
or	ly information copied from such Reports and State for commercial purposes, other than using the na	me and add	frict be sold of used by any perso dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Fittee	nancial Ad	dvisors Political Action Comr	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. George B. Bryce, CLU, ChFC			Date of Receipt
	Mailing Address 2730 Ardon Ln			07 10 7 2007
	City	State	Zip Code	Transaction ID: R1691049
	Casper	WY	82609-3902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	-
	Primary General Other (specify) ▼		294.00	
 3.	Full Name (Last, First, Middle Initial) Mr. James A. Buchan, CLU, ChFC			Date of Receipt
	Mailing Address 5716 W. Orlando Circle			07 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1690705
	Broken Arrow	OK	74011-1149	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		420.00	
	Full Name (Last, First, Middle Initial) Mr. Jaford D. Burgad, LUTCF			Date of Receipt
••	Mailing Address 3842 N. 10th St.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1689747
	Fargo	ND	58102-1044	Amount of Each Receipt this Period
	FEC ID number of contributing		70.02.0.1	
	federal political committee.	C		30.00 Payroll Deduction
	Name of Employer Self-employed	Occupation		i ayron Deduction
		Insurance	-	-
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		210.00	
s	UBTOTAL of Receipts This Page (optional)		·····	132.00
			<u> </u>	
T	OTAL This Period (last page this line number only	y)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18/116			
TEMIZED RECEIPTS			or each category of the	(check only one) X 11a			
			Detailed Summary Page	13 14 15 16 17			
Ar	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions			
<u>\</u>	NAME OF COMMITTEE (In Full)	arric aria adc	1033 of arry political committee to	Solicit Contributions from Such Contributes.			
\rangle	National Association of Insurance and F tee	inancial Ad	dvisors Political Action Com	nit-			
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Donna J. Burrill, CLU, ChFC,			Date of Receipt			
٦.	Mailing Address P.O.BOX 143			M M / D D / Y Y Y Y			
	City	Ctata	7in Code	07 10 2007			
	City FORT COLLINS	State CO	Zip Code 80522-0143	Transaction ID: R1691258 Amount of Each Receipt this Period			
	FEC ID number of contributing	C	00022 0.10	30.00			
	federal political committee.						
	Name of Employer Self-employed	Occupation		Payroll Deduction			
	Receipt For:	Insurance Aggregate	e Agent Year-to-Date ▼	\dashv			
	Primary General	199.194.1	210.00				
	Other (specify)		210.00				
3.	Full Name (Last, First, Middle Initial) Mr. David D. Cameron, LUTCF			Date of Receipt			
	Mailing Address 1142 FAIRVIEW AVE.			0 7 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: R1691201			
	Rupert	ID	83350	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		30.00			
	Name of Employer Self-employed	Occupation		Payroll Deduction			
		Insurance		4			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify) ▼		210.00				
·	Full Name (Last, First, Middle Initial) Mr. Christopher D. Campbell, CLU, ChFC			Date of Receipt			
٠.	Mailing Address 2511 Brandon Road			M M / D D / Y Y Y Y			
	City	State	Zip Code	07 10 2007			
	City Upper Arlington	State OH	2ip Code 43221	Transaction ID: R1690008 Amount of Each Receipt this Period			
	FEC ID number of contributing			4.25			
	federal political committee.	C					
	Name of Employer Self-employed	Occupation		Payroll Deduction			
	Receipt For:	Insurance	e Agent Year-to-Date ▼	_			
	Primary General	riggregate					
	Other (specify) ▼	0 0	259.25				
s	SUBTOTAL of Receipts This Page (optional)						
_			·				
Т	OTAL This Period (last page this line number or	ıly)					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUME	BER: PAGE 19/116		
	EMIZED RECEIPTS		or each category of the	(check only one)			
11	EWIZED RECEIPTS		Detailed Summary Page	ı ⊢ ⊢ ⊢	1b 11c 12		
				13 14	<u> </u>		
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	n for the purpose of	soliciting contributions		
OI		SOIICIT CONTINUUTORIS	moni such committee.				
	NAME OF COMMITTEE (In Full)						
\angle	National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-			
	Full Name (Last, First, Middle Initial)			Data of Bassis	-4		
Α.	Ms. Kelli J. Carmichael, CLU, LUTCF			Date of Receip	<u> </u>		
	Mailing Address 2914 S Coffman			0 7	10 2007		
	City	State	Zip Code		D: R1691414		
	Casper	WY	82604-4733				
		VVI	82804-4733	Amount of Ea	ch Receipt this Period		
	FEC ID number of contributing federal political committee.	C			22.50		
	Name of Employer	Occupation	<u> </u>	Payroll Deduc	ction		
	Self-employed	Insurance					
	Receipt For:		Year-to-Date ▼				
	Primary General	7.99.094.0	Tour to Date V	1			
	Other (specify) ▼		257.50				
			0 0 0 0 0 0 0	'			
_	Full Name (Last, First, Middle Initial)						
В.				Date of Recei	pt		
	Mailing Address 6017 Pine Ridge Rd			M M / D			
	<u>#254</u>			07 20 2007			
	City	State	Zip Code	Transaction II	Transaction ID: R476171		
	Naples	FL	34119-3956	Amount of Ea	ch Receipt this Period		
	FEC ID number of contributing				250.00		
	federal political committee.	C			250.00		
	Name of Canalagas	10		Credit Card			
	Name of Employer Self-employed	Occupation Insurance					
	Receipt For:	-	e Year-to-Date ▼	_			
	Primary General	Ayyreyate	rear-to-Date V				
	Other (specify)	' '	250.00				
	Cirici (specify)	1		1			
	Full Name (Last, First, Middle Initial)						
C.	Mr. Brian E. Chambley, CLU, LUTCF			Date of Recei	pt		
	Mailing Address 37211 Audubon Park A	ve		M M / D) D / Y Y Y Y		
				07	09 2007		
	City	State	Zip Code	Transaction II	D : R475646		
	Geismar	LA	70734-3266	Amount of Ea	ch Receipt this Period		
	FEC ID number of contributing				250.00		
federal political committee. Name of Employer Self-employed Occupation Insurance					250.00		
				Credit Card			
			e Year-to-Date V				
			, i cai-lu-Dal€ ▼	, [
			250.00				
		1 1	0 0 0 0 0 0 0	1			
	IIDTOTAL of Possinto This Page (entire all		522.50				
\vdash	UBTOTAL of Receipts This Page (optional)		······	-			
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1 1	OTAL This Period (last page this line number of	ли у)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 116 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may ne and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and Fin	ancial Ad	dvisors Political Action Com	mit-
Α.	Self-employéd 1	State CA C C C C C C C C C C C C C C C C C C		Date of Receipt M M M
	Other (specify) Full Name (Last, First, Middle Initial)	0 0	210.00	
3.	Mr. Richard J. Chandik, MBA Mailing Address 1332 Shorebird Ln City	State	Zip Code	Date of Receipt M M
	Carlsbad FEC ID number of contributing federal political committee.	CA	92011-4884	Amount of Each Receipt this Period 47.50
	Self-employed 1	Occupation Insurance Aggregate		Payroll Deduction
D .	Full Name (Last, First, Middle Initial) Ms. Queenie M. Chee, CLU, LUTCF Mailing Address 833 Waika Place	Ctata	7:n Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Honolulu	State HI	Zip Code 96825-1061	Transaction ID: R1689854 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Self-employed 1	Occupation Insurance Aggregate		Payroll Deduction
s	UBTOTAL of Receipts This Page (optional)			194.50
T	OTAL This Period (last page this line number only	·)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 116
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	w information copied from such Reports and State	amente may	y not be sold or used by any person	
or	y information copied from such Reports and State for commercial purposes, other than using the na	me and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and Fitee	nancial Ad	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. James C. Clabuesch			Date of Receipt
	Mailing Address 11375 Fairway Dr			07 10 2007
	City	State	Zip Code	Transaction ID: R1687693
	Roscommon	MI	48653	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.50
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		255.00	
В.	Full Name (Last, First, Middle Initial) Ms. Cylinda A. Clark			Date of Receipt
	Mailing Address 4002 San Mateo			M M / D D / Y Y Y Y
	011	0	7: 0 1	07 10 2007
	City Plano	State TX	Zip Code	Transaction ID: R1689343
		17	75093-6618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Frankria	0		Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General	199.194.11		1
	Other (specify) ▼	0 0	294.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Thomas R. Clark, CLU, ChFC			Date of Receipt
٠.	Mailing Address 1603 22nd St Ste 202			M M / D D / Y Y Y Y
				07 10 2007
	City	State	Zip Code	Transaction ID: R1690988
	West Des Moines	IA	50266-1410	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General		420.00	1
	Other (specify) ▼		420.00	1
				144.50
S	UBTOTAL of Receipts This Page (optional))	144.50
_T	OTAL This Period (last page this line number on	v)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 116 (check only one) X
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. Edward R. Clink Mailing Address 1263 W. Square Lake Ro	l.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R476081
	Bloomfield Hills	MI	48302-0845	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-employed	Occupation Insurance		Credit Card
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Mr. J Michael Clinton			Date of Receipt
	Mailing Address 3525 Tilford Cir			$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y \\ 0 & 7 & & 1 & 0 & & 2 & 0 & 0 & 7 \end{bmatrix}$
	City	State	Zip Code	Transaction ID: R1687893
	Monroe	LA	71201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00 Payroll Deduction
	Name of Employer Self-employed	Occupation		Payron Deduction
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		305.00	
).	Full Name (Last, First, Middle Initial) Mr. Gordon T. Colburn			Date of Receipt
	Mailing Address 126 Crystal Springs Road	d		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1690769
	San Dimas	CA	91773	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.50
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 297.50	
s	UBTOTAL of Receipts This Page (optional)			342.50
т.	OTAL This Period (last page this line number on	v)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 116
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a
			Detailed Summary Page	13 14 15 16 17
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Norman A. Coltrane, LUTCF			Date of Receipt
Λ.	Mailing Address 1607 Hatherleigh Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1691104
	<u>Fayetteville</u>	NC	28304-3643	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.50
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		272.25	
В.	Full Name (Last, First, Middle Initial) Mr. Thomas M. Cothron			Date of Receipt
	Mailing Address 4280 SW 20th Ave			07 20 7 2007
	City	State	Zip Code	Transaction ID: R476164
	Ocala	<u>FL</u>	34474-5950	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-employed	Occupation		Credit Card
	Receipt For:		e Year-to-Date ▼	
	Primary General	33 0		1
	Other (specify) ▼	0 0	250.00	
C	Full Name (Last, First, Middle Initial) Mr. David A. Culley, CLU, ChFC			Date of Receipt
Ο.	Mailing Address 4187 Club Drive N.E.			M M / D D / Y Y Y Y Y O T 1 0 2 0 0 7
	City	State	Zip Code	Transaction ID: R1691466
	Atlanta	GA	30319-1115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		294.00	
s	UBTOTAL of Receipts This Page (optional)			352.50
Т	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 116
	EMIZED RECEIPTS		or each category of the	(check only one)
•	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
۸۰	w information copied from auch Deports and Sta	tomonto mo	ret be edd or used by any perse	
or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and F	inancial A	dvisors Political Action Com	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. Jack H. Curtis			Date of Receipt
	Mailing Address 1508 Morning Glory Cr.			07 10 7 2007
	City	State	Zip Code	Transaction ID: R1691387
	Tupelo	MS	38801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	-
	Primary General Other (specify) ▼	Aggregate	350.00	
	Full Name (Last, First, Middle Initial) Mr. Vincent M. D'Addona, CLU, ChFC			Date of Receipt
	Mailing Address 141 Greenway Road			0 7 1 0 2 0 0 7
	City	State	Zip Code	Transaction ID: R1691126
	Lido Beach	NY	11561-4828	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	1
	Primary General Other (specify) ▼		595.00	
 C.	Full Name (Last, First, Middle Initial) Mr. John A. Davidson, LUTCF, FSS			Date of Receipt
	Mailing Address 1497 Rancho Lane			0 7 0 1 2 0 0 7
	City	State	Zip Code	Transaction ID: R476184
	Thousand Oaks	CA	91362	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		-50.00
	Name of Employer Self-employed	Occupation Insurance		DA DA
	Receipt For:		e Year-to-Date ▼	1
	Primary General Other (specify) ▼		785.00	
s	UBTOTAL of Receipts This Page (optional)			85.00
т.	OTAL This Period (last page this line number or	ılv)		
•	CIAL THIS I GHOW (1831 page this line number of	·· y / ······	······································	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 116
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12
۸۰	we information against from auch Panarta and States	monto mou	not be cold or used by any nore	13 14 15 16 17
or	ly information copied from such Reports and Stater for commercial purposes, other than using the nam	ne and add	lress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and Fin tee	ancial Ac	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. John A. Davidson, LUTCF, FSS			Date of Receipt
	Mailing Address 1497 Rancho Lane			07 01 2007
	City	State	Zip Code	Transaction ID: R476185
	Thousand Oaks	CA	91362	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Self-employed 1	Occupation nsurance		CA
			Year-to-Date ▼	
	Primary General	1 1	785.00	7
	Other (specify)	0 0	765.00	1
В.	Full Name (Last, First, Middle Initial) Mr. John A. Davidson, LUTCF, FSS			Date of Receipt
	Mailing Address 1497 Rancho Lane			0 7 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1691111
	Thousand Oaks	CA	91362	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		105.00
	Self-employed 1	Occupation nsurance		Payroll Deduction
			Year-to-Date ▼	
	Primary General		785.00	1
	Other (specify) ▼	0 0	785.00	
C.	Full Name (Last, First, Middle Initial) Mr. William James DeBruin, LUTCF			Date of Receipt
	Mailing Address 106 Edgewood Ln			07 10 2007
	City	State	Zip Code	Transaction ID: R1690642
	Combined Locks	WI	54113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		72.00
	Self-employed 1	Occupation nsurance		Payroll Deduction
	4 !		Year-to-Date ▼	
	Primary General		504.00	1
	Other (specify) ▼	0 0	504.00	
s	UBTOTAL of Receipts This Page (optional)			227.00
_	OTAL This Period (last page this line number only)	\		

SCHEDULE A (FEC Fo	rm 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 116
ITEMIZED RECEIPTS	-	or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such R	eports and Statements may	v not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other th	nan using the name and add	dress of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
National Association of Insutee	urance and Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Ini A. Mr. Glenn P. Deal, Jr.	tial)		Date of Receipt
Mailing Address 58 Golf Cou	ırse Ln.		M M / D D / Y Y Y Y
City	State	Zip Code	07 10 2007
<u>Taylorsville</u>	NC	28681-7847	Transaction ID: R1690253 Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		46.75
Name of Employer Self-employed	Occupation	n	Payroll Deduction
	Insurance		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify)		335.50	
Outer (openity) \		0 0 0 0 0 0 0	1
Full Name (Last, First, Middle Ini 3. Mr. John R. Dean, LUTCF,CLU,	tial)		Date of Receipt
Mailing Address 1700 S.W.	15th Ave.		M M / D D / Y Y Y Y
			07 10 2007
City	State	Zip Code	Transaction ID: R1691430
Willmar	MN	56201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer	Occupation	n	Payroll Deduction
Name of Employer Self-employed	Insurance		
Receipt For:		e Year-to-Date ▼	
Primary General		350.00	1
Other (specify) ▼		000.00	
Full Name (Last, First, Middle Ini	tial)		Data of Deceipt
Mr. Paul R. Decker, CLU, ChFC Mailing Address Box 1832			Date of Receipt
			07 10 2007
City	State	Zip Code	Transaction ID: R1691261
Idaho Falls	ID	83403-1832	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.40
Name of Employer	Occupation	n	Payroll Deduction
Name of Employer Self-employed	Insurance		
Receipt For:		e Year-to-Date ▼	
Primary General		352.80	1
Other (specify) ▼		332.00	
	I		147.15
SUBTOTAL of Receipts This Page	e (optional))	147.15
TOTAL This Period (last page this	line number only)		

S(CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 116
ITEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and State	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nan	ne and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	National Association of Insurance and Fintee	ancial Ad	dvisors Political Action Comr	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. David V. Dellinger			Date of Receipt
	Mailing Address 3052 Stanton Circle			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1691406
	Carmichael	CA	95608	Amount of Each Receipt this Period
	FEC ID number of contributing	С		42.00
	federal political committee.	<u> </u>		
	Self-employed 1	Occupation		Payroll Deduction
		Insurance		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		294.00	
		0 0	0 0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) Mr. David S. Dickenson, II,CLU, Ch			Date of Receipt
	Mailing Address 7535 Brigham Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1690868
	Gates Mills	ОН	44040	Amount of Each Receipt this Period
	FEC ID number of contributing			42.00
	federal political committee.	C		42.00
	Name of Employer Self-employed	Occupation	1	Payroll Deduction
	Self-employed 1	Insurance	e Agent	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	1	294.00	
	Other (specify)	0 0	0 0 0 0 0 0 0	
`	Full Name (Last, First, Middle Initial) Mr. Lyle Domenitz, LUTCF, RFP			Date of Receipt
J.	Mailing Address 12367 N Antelope Trl			M M / D D / Y Y Y Y
	12007 N Antelope III			07 10 2007
	City	State	Zip Code	Transaction ID: R1688233
	Parker	CO	80138	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer	Occupation	1	Payroll Deduction
	Self-employed	Insurance		
	· · · · · · · · · · · · · · · · · · ·		Year-to-Date ▼	1
	Primary General		204.00	
	Other (specify) ▼	0 0	294.00	
				400.00
S	JBTOTAL of Receipts This Page (optional)			126.00
Т/	OTAL This Period (last page this line number only	Λ		

SCHEDULE A (FEC Form 3X)		llas sanarata sahadula(s)	FOR LINE NUMBER	R: PAGE 28/116		
ITEMIZED RECEIPTS			or each category of the	(check only one)		
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	☐ 11c ☐ 12 ☐	
				13 14	15 16 17	
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	on for the purpose of so	liciting contributions	
OI		name and add	aress of any political committee to	Solicit Contributions fro	in such committee.	
	NAME OF COMMITTEE (In Full)			••		
\angle	National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-		
	Full Name (Last, First, Middle Initial)			Data of Danaist		
A.	Mr. Lyle Domenitz, LUTCF, RFP			Date of Receipt		
	Mailing Address 12367 N Antelope Trl				3 2007	
	City	State	Zip Code	Transaction ID:		
	Parker	CO	80138		Receipt this Period	
			00100	Amount of Lacin	neceipi iriis r eriou	
	FEC ID number of contributing federal political committee.	C			-42.00	
	Name of Employer	Occupation	า	⊢ RT		
	Self-employed	Insurance	e Agent			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		201.00	1		
	Other (specify) ▼		294.00			
	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 12367 N Antelope Trl				6 2007	
	City	State	Zip Code			
		CO	·	Transaction ID:		
	Parker		80138	Amount of Each	Receipt this Period	
	FEC ID number of contributing federal political committee.	C			42.00	
	rederal political confinitiee.					
	Name of Employer Self-employed	Occupation	ำ	Check		
	Seir-employed	Insurance	e Agent			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		204.00	1		
	Other (specify)		294.00			
_	Full Name (Last, First, Middle Initial)			Data of Danaist		
C.	Mr. Daniel D. Duren, CLU,ChFC,L			Date of Receipt		
	Mailing Address 6537 S. 34th Street			07 1		
	City	State	Zip Code	Transaction ID:		
	Lincoln	NE	68516-5428		Receipt this Period	
		INE	00010 0420	Amount of Lacin	neceipi iilis reliou	
	FEC ID number of contributing federal political committee.	C			42.50	
	reactal political committee.			Downell Deducation		
	Name of Employer	Occupation	า	Payroll Deduction)TI	
	Self-employed	Insurance				
	Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General			297.50	1		
	Other (specify) ▼		297.30			
_						
40.50						
S	UBTOTAL of Receipts This Page (optional)		······		42.50	
T	OTAL This Period (last page this line number of	only)	>			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 29 / 116
•			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			zotanos commany rago	13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and I tee	Financial Ad	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Matthew Edelstein, CLU,ChFC			Date of Receipt
	Mailing Address 1550 Penstemon Ct			07 09 7 2007
	City	State	Zip Code	Transaction ID: R475610
	Grayslake	IL	60030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-employed	Occupation		Check
	Receipt For:		Year-to-Date V	
	Primary General	Aggregate	Teal to Bate ¥	1
	Other (specify)		309.50	
			0 0 0 0 0 0 0	
В.	Full Name (Last, First, Middle Initial) Mr. Matthew Edelstein, CLU,ChFC			Date of Receipt
	Mailing Address 1550 Penstemon Ct			M M / D D / Y Y Y Y
				07 10 2007
	City	State	Zip Code	Transaction ID: R1688094
	Grayslake	IL	60030	Amount of Each Receipt this Period
	FEC ID number of contributing			8.50
	federal political committee.	C		8.50
	Name of Employer	Occupation		Payroll Deduction
	Name of Employer Self-employed	Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General	1.99.19		1
	Other (specify) ▼	1	309.50	
	Full Name (Last, First, Middle Initial)			4
C.	Mr. Donald A. Eichelberger			Date of Receipt
	Mailing Address 3217 Highway D65			07 10 7 2007
	City	State	Zip Code	Transaction ID: R1691427
	Dysart	IA	52224-9750	Amount of Each Receipt this Period
	FEC ID number of contributing	С		50.40
	federal political committee.			Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		. ayıon boadonon
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	1	352.80	
				1
s	UBTOTAL of Receipts This Page (optional)		.	308.90
\vdash				

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 116 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Staten for commercial purposes, other than using the nam	nents may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ancial A	dvisors Political Action Com	mit-
A .	Full Name (Last, First, Middle Initial) Mr. M. Jay Einstein, CLU Mailing Address 59 Margarete Dr. City Pittsgrove FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Daryl R. Ellis, CFP Mailing Address 521 Lauray Court City Baton Rouge	State NJ C Decupation nsurance Aggregate State LA		Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: R1690838 Amount of Each Receipt this Period 72.00 Payroll Deduction Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Self-employed	Occupation nsurance Aggregate		— Credit Card
C .	Name of Employer Self-employed II	State MI C Doccupation nsurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		······	364.00
T	OTAL This Period (last page this line number only)		>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 31 / 116 (check only one)
•	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F tee	inancial Ad	dvisors Political Action Com	mit-
<u>′ </u>	Full Name (Last, First, Middle Initial) Mr. Scott Engell, LUTCF			Date of Receipt
	Mailing Address 757 Armadillo Drive			07 20 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R476170
	Deltona	FL	32725-2651	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self-employed	Occupation Insurance		Credit Card
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
3.	Full Name (Last, First, Middle Initial) Mr. Ronald W. Erickson, CLU, AEP,			Date of Receipt
	Mailing Address 3002 St. Regis Rd			0 7 1 0 7 2 0 0 7
	City	State	Zip Code	Transaction ID: R1690997
	Greensboro	NC	27408-4407	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		46.75 Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance	e Agent	rayion Deduction
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		376.75	
) .	Full Name (Last, First, Middle Initial) Mr. Byron Hyatt Erstad, Jr.			Date of Receipt
	Mailing Address 2510 S Nantucket Way			07 10 7 2007
	City Boise	State ID	Zip Code 83706-5095	Transaction ID: R1690984 Amount of Each Receipt this Period
	FEC ID number of contributing		00700-3093	
	federal political committee.	C		50.40 Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		1 ayron Boddollon
	Receipt For:		Year-to-Date ▼	-
	Primary General Other (specify) ▼	33 3 3	352.80	
SI	UBTOTAL of Receipts This Page (optional)			197.15
T	OTAL This Period (last page this line number or	ıly)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 116
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
•	information and discount Development Obstacle			13 14 15 16 17
or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	nents may ne and add	rnot be sold or used by any persol lress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and Fin tee	ancial Ac	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Stephen D. Estler, CLU, ChFC			Date of Receipt
	Mailing Address 2177 NE 63 St.			07 10 2007
	City	State	Zip Code	Transaction ID: R1691010
	Fort Lauderdale	FL	33308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.50
	Self-employed	Occupation nsurance		Payroll Deduction
			Year-to-Date ▼	
	Primary General	1 1	297.50	7
	Other (specify) ▼	0 0	297.30	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 531 Daniel			07 10 2007
	City	State	Zip Code	Transaction ID: R1690215
	Santa Maria	CA	93454	Amount of Each Receipt this Period
	FEC ID number of contributing	С		42.00
	federal political committee.	<u> </u>		
	Name of Employer Call Self-employed	Occupation	1	Payroll Deduction
	Self-employed I	nsurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		294.00	7
	Other (specify)	1 1	254.00	
С.	Full Name (Last, First, Middle Initial) Mr. Thomas F. Flournoy, Jr., CLU			Date of Receipt
•	Mailing Address 5300 Zebulon Rd			M M / D D / Y Y Y Y
				07 10 2007
	City	State	Zip Code	Transaction ID: R1690826
	Macon	GA	31210-2199	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Solf omployed	Dccupation nsurance		Payroll Deduction
			Year-to-Date ▼	\dashv
	Primary General	1999		7
	Other (specify) ▼	0 0	294.00	
Г	L			100 50
s	UBTOTAL of Receipts This Page (optional)			126.50
Т.	OTAL This Period (last page this line number only	1		

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 116
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
			Betailed Carrillary 1 age	13 14 15 16 17
Ar	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
Z	National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Marvin K. Fore, Jr.			Date of Receipt
	Mailing Address 3054 Kingfisher Point			07 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R475513
	Chuluota	FL	32766	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	n	Credit Card
	Self-employed	Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		230.00	
_	Full Name (Last, First, Middle Initial)			
В.	Mr. H. Larry Fortenberry, CPA,CLU,Ch			Date of Receipt
	Mailing Address 603 Gordon PI			07 10 YYYY 2007
	City	State	Zip Code	Transaction ID: R1690860
	Madison	MS	39110-9799	Amount of Each Receipt this Period
	FEC ID number of contributing			52.50
	federal political committee.	C		52.50
	Name of Employer	Occupation	2	Payroll Deduction
	Name of Employer Self-employed	Insurance		
	Receipt For:		e Year-to-Date ▼	
	Primary General	riggrogate	real to Bate V	1
	Other (specify) ▼		367.50	
	Full Name (Last, First, Middle Initial)			
C.	Mr. Lawrence J. Fowler, Jr.			Date of Receipt
	Mailing Address 481 Route 82			07 10 2007
	City	State	Zip Code	Transaction ID: R1690879
	Oakdale	CT	06370-1149	Amount of Each Receipt this Period
	FEC ID number of contributing			110.00
	federal political committee.	C		110.00
	Name of Employer	Occupation	n	Payroll Deduction
	Name of Employer Self-employed	Insurance		
	Receipt For:		e Year-to-Date ▼	_
	Primary General	33. 23	··········	1
	Other (specify)		770.00	
			1 1 1 1 1 1 1	4
	L			
_	IIDTOTAL of Descints This Desc (entions)		_	412.50
\Box	UBTOTAL of Receipts This Page (optional)		······	

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 116 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fittee	nancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Thomas E. Fowler, CLU, LUTCF Mailing Address 13243 S.E. 51st Place City Bellevue FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary Other (specify)	State WA C Occupation Insurance Aggregate		Date of Receipt M M
3.	Full Name (Last, First, Middle Initial) Ms. Debra L. Franklin-Schatzki Mailing Address 380 W 12th St City New York FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State NY C Occupation Insurance Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: R1691120 Amount of Each Receipt this Period 42.00 Payroll Deduction
D.	Full Name (Last, First, Middle Initial) Mr. Robert L. French, LUTCF Mailing Address 4105 Sheridan Lake Road City Rapid City FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State SD C C Cocupation Insurance		Date of Receipt M M
s	UBTOTAL of Receipts This Page (optional))	179.50
т	OTAL This Period (last page this line number onl	v)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 116
IT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
<u>. </u>	NAME OF COMMITTEE (In Full)		aroo or arry pointion committee to	30.01.00.11.00.10.10.10.10.10.10.10.10.10
\rangle	National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. Peter Fulchiron, CLU, LUTCF			Date of Receipt
	Mailing Address 411 San Andreas Drive			$\begin{bmatrix} & & & & & & & & & & & & & & & & & & &$
	City	State	Zip Code	Transaction ID: R1691507
	Novato	CA	94945-1237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		208.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1456.00	
3.	Full Name (Last, First, Middle Initial) Mr. Donald T. Fulton, CLU, ChFC			Date of Receipt
	Mailing Address 43 Bridleshire Road			07 09 7 2007
	City	State	Zip Code	Transaction ID: R475583
	Newark	DE	19711-6217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-employed	Occupation		Check
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Jules O. Gaudreau, Jr., ChFC,			Date of Receipt
	Mailing Address PO Box 369 1984 Boston Rd			0 7 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R476029
	Wilbraham	MA	01095-0369	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-employed	Occupation Insurance		Check
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
S	UBTOTAL of Receipts This Page (optional)			958.00
т	OTAL This Period (last page this line number on	(v)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 116
TEMIZED RECEIPTS		or each category of the	(check only one)
TEMILED RESERVES		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta	atemente mai	unot be sold or used by any perso	
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Insurance and I tee	Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) A. Mr. James O. Geitgey, LUTCF, FIC			Date of Receipt
Mailing Address 279 Glenmore Dr.			07 10 7 2007
City	State	Zip Code	Transaction ID: R1690919
<u>Springfield</u>	OH	45503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		37.50
Name of Employer Self-employed	Occupation		Payroll Deduction
Receipt For:		e Year-to-Date ▼	-
Primary General		057.50	1
Other (specify)		257.50	
Full Name (Last, First, Middle Initial) Mr. Keith M. Gillies, CLU, ChFC,			Date of Receipt
Mailing Address 109 W. Lakeview Dr.			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: R1690338
<u>La Place</u>	LA	70068-2427	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer Self-employed	Occupation		Payroll Deduction
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		362.50	
Full Name (Last, First, Middle Initial) C. Constance Y. Golleher			Date of Receipt
Mailing Address PO Box 255			M M / D D / Y Y Y Y
			07 10 2007
City	State	Zip Code	Transaction ID: R1688127
Mc Lean	VA	22101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer	Occupation	n	Payroll Deduction
Self-employed *	Insurance		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	, ,	210.00	
Other (specify)		0 0 0 0 0 0	
SUBTOTAL of Receipts This Page (optional)			130.00
TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 116
	ITEMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
•	:-(and be related as a set the second second	13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and ado	r not be sold or used by any personal ress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and F tee	inancial Ad	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. James R. Goodrich, CLU, ChFC			Date of Receipt
	Mailing Address 1860 Beech			07 10 7 2007
	City	State	Zip Code	Transaction ID: R1689594
	Mt. Pleasant	MI	48858-1280	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.50
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General		007.50	1
	Other (specify) ▼		297.50	
	Full Name (Last, First, Middle Initial)			
В.	Mr. Stephen J. Gowers, CLU, CEP			Date of Receipt
	Mailing Address 2809 Avenue of The Wo	07 06 2007		
	City	Transaction ID: R475537		
	Louisville	KY	40241-6233	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		300.00
	Name of Employer	Occupation	า	— Check
	Name of Employer Self-employed	Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General		200.00	1
	Other (specify) ▼		300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Frederick L. Granados, LUTCF, FSS			Date of Receipt
	Mailing Address 1145 Davis Avenue			M M / D D / Y Y Y Y
	0"		7: 0 1	07 10 2007
	City Concord	State CA	Zip Code	Transaction ID: R1690321
		CA	94518	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	\dashv
	Primary General	1.99.19		7
	Other (specify) ▼		214.00	
Г				004.50
S	UBTOTAL of Receipts This Page (optional)	<u></u>		384.50
Т.	OTAL This Period (last page this line number or	nlv)		

S	CHEDULE A (FEC Form 3X)		Llac concrete cobadula(a)	FOR LINE NUMBER: PAGE 38 / 116
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
^ -	· ····································			13 14 15 16 17
Ar or	ny information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may ne and ado	r not be sold or used by any perso Iress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Fin	ancial Ad	dvisors Political Action Com	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. Todd G. Grantham			Date of Receipt
	Mailing Address 203 Brandermill Drive			07 10 7 2007
	City	State	Zip Code	Transaction ID: R1689600
	Durham	NC	27713	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		46.75
	Self-employed '	Occupation Insurance		Payroll Deduction
			Year-to-Date ▼	
	Primary General	1 1	007.05	
	Other (specify) ▼	0 0	327.25	
3.	Full Name (Last, First, Middle Initial) Mr. Robert J. Haberman, LUTCF			Date of Receipt
	Mailing Address 6511 Campbell			07 26 7 2007
	City	State	Zip Code	Transaction ID: R476094
	Lincoln	NE	68510-4119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-employed	Occupation	1	Check
		Insurance		
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			
j.	Mr. Karl Erik Hansen, CLU, ChFC,	1		Date of Receipt
	Mailing Address 900 North Shoreline Boule	evara		07 10 Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1691394
	Mountain View	CA	94043-1933	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.50
	Solf omployed	Occupation Insurance		Payroll Deduction
	- · · · · · · · · · · · · · · · · · · ·		Year-to-Date V	-
	Primary General	, iggi ogalo		
	Other (specify) ▼		297.50	
s	UBTOTAL of Receipts This Page (optional)			339.25
			<u> </u>	
T	OTAL This Period (last page this line number only	')	>	

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 116	;
	ITEMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 [17
Ar	ny information copied from such Reports and St.	atements may	not be sold or used by any person		
or	ly information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-	
Α.	Full Name (Last, First, Middle Initial) Mr. Roderick P. Hansen			Date of Receipt	
Α.	Mailing Address 21612 Marigot Dr.			M M / D D / Y Y Y Y	7
				07 17 2007	
	City	State	Zip Code	Transaction ID: R475814	
	Boca Raton	FL	33428	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		500.00	
	Name of Employer	Occupation	n	Credit Card	
	Self-employed	Insurance	e Agent		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
	Other (specify)	0 0	0 0 0 0 0 0 0	1	
— В.	Full Name (Last, First, Middle Initial) Mr. Alex Hanson, CLU, ChFC,			Date of Receipt	
	Mailing Address 7888 Glen Finnan Cir			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: R1691358	
	Ft Myers	FL	33912	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		42.00	
	Name of Employer Self-employed	Occupation	n	Payroll Deduction	
		Insurance			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		294.00		
	care (eposity) 🔻	1		,	
	Full Name (Last, First, Middle Initial)				
C.	Mr. William N. Haraway			Date of Receipt	
	Mailing Address 113 Fairview Ave			$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	
	City	State	Zip Code	Transaction ID: R1691410	-
	Frederick	MD	21701-4017	Amount of Each Receipt this Period	
	FEC ID number of contributing			42.00	
	federal political committee.	C		42.00	
	Name of Employer Self-employed	Occupation	n	Payroll Deduction	
	Self-employed ⁵	Insurance	e Agent		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		294.00	1	
	Other (specify)	0 0			
Г				584.00	$\overline{}$
S	UBTOTAL of Receipts This Page (optional)			334.00	=
T	OTAL This Period (last page this line number of	only)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUM			
	EMIZED RECEIPTS		or each category of the	(check only one			
••			Detailed Summary Page	ı ⊢	11b 11c 12 14 15 16 17		
Ar	y information copied from such Reports and Stateme	ents may	not be sold or used by any perso	n for the purpose	of soliciting contributions		
or	for commercial purposes, other than using the name	and add	lress of any political committee to	solicit contribution	s from such committee.		
	NAME OF COMMITTEE (In Full)						
	National Association of Insurance and Finantee	ncial Ac	dvisors Political Action Com	mit-			
^	Full Name (Last, First, Middle Initial)			Data of Dag	aint		
Α.	Mr. Thomas M. Hawco, CLU, ChFC Mailing Address 900 Rockhurst Drive			Date of Rece	eipi DD/YYYYY		
	Walling / Red See 900 Hockiluist Drive			0 7	10 2007		
	City	tate	Zip Code	Transaction	ID: R1691132		
	<u>Lincoln</u> N	1E	68510-4114	Amount of E	ach Receipt this Period		
	FEC ID number of contributing federal political committee.	;			42.50		
	Name of Employer Occ	cupation	1	Payroll Ded	uction		
			e Agent				
		gregate	Year-to-Date ▼				
	Primary General Other (specify)		337.50				
	Cultif (openity) V	-		'			
В.	Full Name (Last, First, Middle Initial) Mr. Samuel H. Hazleton, IV			Date of Rece	eipt		
	Mailing Address 4220 Lakeshore Drive			07	10 / 2007		
		tate	Zip Code	Transaction	ID: R1689609		
	Diamond Point N	IY	12824	Amount of E	ach Receipt this Period		
	FEC ID number of contributing federal political committee.				42.00		
	Name of Employer Occ Self-employed Inc	cupatior	1	Payroll Ded	uction		
	IIIS		e Agent				
	Receipt For: Primary General	gregate	Year-to-Date ▼	.			
	Other (specify)		294.00				
		-		1			
_	Full Name (Last, First, Middle Initial)			Data of Data			
C.	Mr. Terry K. Headley, LUTCF, LIC Mailing Address 20704 Meadow Ridge Dr			Date of Rece	elpt D D / Y Y Y Y Y		
	20704 Meadow Ridge Di			0 7	10 2007		
	•	tate	Zip Code	Transaction	ID: R1689519		
	<u>Springfield</u> N	IE	68059-7086	Amount of E	ach Receipt this Period		
	FEC ID number of contributing federal political committee	:			208.00		
	federal political committee.			D			
	Self-employed	cupatior		Payroll Ded	uction		
	11113		e Agent	_			
	Receipt For: Ag Primary General	gregate	Year-to-Date ▼	. [
	Other (specify)		1456.00				
_		- 1					
_					292.50		
SUBTOTAL of Receipts This Page (optional)							
Т	OTAL This Period (last page this line number only)						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 116 (check only one) X
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fittee	nancial A	dvisors Political Action Com	nit-
۹.	Full Name (Last, First, Middle Initial) Ms. Mary P. Heck, LUTCF, CFP Mailing Address 14301 First National Bank	k Parkwa <u>y</u>	/	Date of Receipt M M O 7 O 2 O 0 7
	City	State	Zip Code	Transaction ID: R475381
	Omaha FEC ID number of contributing federal political committee.	NE C	68154	Amount of Each Receipt this Period 1250.00
	Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		Check
3.	Full Name (Last, First, Middle Initial) Sharon G. Heierman, CAE Mailing Address 2990 Kemp Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1688043
	Havana	FL	32333	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00 Payroll Deduction
	Salf-amployed	Occupation Insurance		Fayron Deduction
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 294.00	
	Full Name (Last, First, Middle Initial) Mr. Steven B. Heinz			Date of Receipt
•	Mailing Address 1341 E 600 N			0 7 1 0 2 0 0 7
	City	State	Zip Code	Transaction ID: R1689588
	Orem	UT	84097	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00 Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		Payron Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
s	UBTOTAL of Receipts This Page (optional)			1342.00
T	OTAL This Period (last page this line number only	v)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 42 / 116
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
Any or f	r information copied from such Reports and State or commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F tee		· ·	
۹.	Full Name (Last, First, Middle Initial) Mr. Marcus T. Henderson, Sr.,LUTCF Mailing Address 109 Barrington Court Ea City	st State	Zip Code	Date of Receipt M M
	Franklin	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self-employed	Occupation	e Agent	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 294.00	
3.	Full Name (Last, First, Middle Initial) Mr. Ronald G. Hester, CLU, ChFC			Date of Receipt
	Mailing Address 261 New River Heights F	07 10 7 2007		
	City	State NC	Zip Code	Transaction ID: R1691098
•	Boone FEC ID number of contributing federal political committee.	C	28607	Amount of Each Receipt this Period 46.75
•	Name of Employer Self-employed	Occupation Insurance	e Agent	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 327.25	
Э.	Full Name (Last, First, Middle Initial) Mr. Richard L. Hill, CLU, ChFC, Mailing Address 2611 Alvo Road			Date of Receipt 0 7 1 0 2 0 0 7
	City	State	Zip Code	07 10 2007 Transaction ID: R1691418
	Seward	NE	68434	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self-employed	Occupation	e Agent	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 294.00	
SL	JBTOTAL of Receipts This Page (optional)			130.75
TC	PTAL This Period (last page this line number or	ıly)		

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 43 / 116	
ıT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)
11	EINIZED RECEIP 1 3			X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Finatee	ancial A	dvisors Political Action Com	mit-
Α.				Date of Receipt
	Mailing Address 8926 Ross Ln.			07 20 2007
	•	State	Zip Code	Transaction ID: R476173
	New Port Richey	<u>FL</u>	34654	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Self-employed	occupation rsurance		Credit Card
			Year-to-Date ▼	
	Primary General	nggi ogaic	real to Bate V	1
	Other (specify) ▼		800.00	
В.	Full Name (Last, First, Middle Initial) Mr. Jeff L. Holland, CLU, ChFC			Date of Receipt
	Mailing Address 200 Matthew Drive			0 7 1 0 2 0 0 7
	City	Transaction ID: R1691252		
	Paducah	KY	42001-6162	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Self-employed 1	occupation rsurance		Payroll Deduction
	·		e Year-to-Date ▼	
	Primary General	.99. 094.0	Tour to Date .	1
	Other (specify) ▼	0 0	210.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Robert J. Hollander, LUTCF			Date of Receipt
	Mailing Address 904 Rockhurst Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1690062
		NE	68510-4114	Amount of Each Receipt this Period
	EEO ID worth and for a little for	C		105.00
	Self-employed 1	occupation rsurance		Payroll Deduction
	- · · · · · · · · · · · · · · · · · · ·		Year-to-Date ▼	
	Primary General	.ggi ogale	10 2010 ¥	1
	Other (specify) ▼	0 0	735.00	
-	UBTOTAL of Receipts This Page (optional)			335.00
L³	ODITAL OF NECEIPLS THIS FAGE (OPLIONAL)		·······	

TOTAL This Period (last page this line number only)

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBE	R: PAGE 44/116		
	EMIZED RECEIPTS		or each category of the	(check only one)			
"	LIMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	\vdash		
Δ,	ny information copied from such Reports and Stateme	onto moi	, not be cold or used by any norce	13 14	15 16 17		
or	for commercial purposes, other than using the name	and add	rnot be sold of used by any personal ress of any political committee to	solicit contributions fr	om such committee.		
\setminus	NAME OF COMMITTEE (In Full)						
\rangle	National Association of Insurance and Finantee	ncial Ad	dvisors Political Action Com	mit-			
_	Full Name (Last, First, Middle Initial)						
A.	Mr. Bryon A. Holz, CLU, ChFC,			Date of Receipt			
	Mailing Address 207 Cindy Lane				02 2007		
	City	State	Zip Code	Transaction ID:			
	Brandon F	<u>L</u>	33510-3905		Receipt this Period		
	FEC ID number of contributing federal political committee.				250.00		
	Name of Employer Oc	cupation	<u> </u>	Check			
	Self-employed 1	-	· e Agent				
	•		Year-to-Date ▼				
	Primary General	1 1	250.00	1			
	Other (specify) ▼	0 0	250.00				
В.	Full Name (Last, First, Middle Initial) Mr. Richard L. Hoover, LUTCF, RIA			Date of Receipt			
	Mailing Address 2920 S. Jones Blvd., #110			M M / D	10 2007		
	City	State	Zip Code	Transaction ID:	R1690025		
	<u>Las Vegas</u>	١V	89146		Receipt this Period		
	FEC ID number of contributing federal political committee.				66.00		
	Name of Employer Oct Self-employed Inc.	cupation	1	Payroll Deduct	ion		
	Self-employed Ins	surance	e Agent				
		ggregate	Year-to-Date ▼				
	Primary General	1	438.00	1			
	Other (specify) ▼	0 0		1			
_	Full Name (Last, First, Middle Initial)			Date (D. 11)			
C.	Mr. Darrel V. Hovde Mailing Address PO Box 1806			Date of Receipt	D / Y Y Y Y		
	Walling Address PO Box 1806				10 2007		
	City	State	Zip Code	Transaction ID:	R1689352		
	<u>Minot</u>	ND	58702-1806		Receipt this Period		
	FEC ID number of contributing federal political committee				30.00		
	federal political committee.	<u> </u>			00.00		
	Name of Employer Octoor Self-employed	cupation	1	Payroll Deduct	ion		
	Self-employed Ins	•	e Agent				
	• • • • • • • • • • • • • • • • • • • •		Year-to-Date ▼				
	Primary General		210.00	1			
	Other (specify)	0 0	210.00	1			
SUBTOTAL of Receipts This Page (optional)							
H	(,			-			
т	OTAL This Period (last page this line number only)						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 116 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fittee	nancial Ad	dvisors Political Action Com	nit-
Α.	Full Name (Last, First, Middle Initial) Ms. April L. Howard Mailing Address 3386 Williamsburg City Boise FEC ID number of contributing federal political committee. Name of Employer Self-employed	State ID C Occupation Insurance		Date of Receipt M M D D 2 0 0 7 Transaction ID: R1690581 Amount of Each Receipt this Period 57.00 Payroll Deduction
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 399.00	
3.	Full Name (Last, First, Middle Initial) Mr. William A. Hume, LUTCF Mailing Address 1075 Woodfield Lane			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City Libertyville	State IL	Zip Code 60048	Transaction ID: R1689385 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.50
	Name of Employer Self-employed	Occupation Insurance	e Agent	Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 297.50	
 C.	Full Name (Last, First, Middle Initial) Mr. Hollis O. Inglett, Jr., LUTCF Mailing Address 31 Cone Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1691368
	Ormond Beach FEC ID number of contributing federal political committee.	FL C	32174-7903	Amount of Each Receipt this Period 42.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00	
s	UBTOTAL of Receipts This Page (optional)			141.50
T	OTAL This Period (last page this line number onl	v)		

SCHEDULE A (FEC Form 3X)			Llaa aanarata aahadula(a)	FOR LINE NUMBER: PAGE 46 / 116
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	rnot be sold or used by any persol lress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and F tee	inancial Ad	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Jerry E. Jensen, LUTCF			Date of Receipt
	Mailing Address 190 So. 800 W.			07 10 7 2007
	City	State	Zip Code	Transaction ID: R1689787
	Blackfoot	ID	83221-6132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.40
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		352.80	
В.	Full Name (Last, First, Middle Initial) Mr. John C. Johns, LUTCF			Date of Receipt
	Mailing Address 5141 Lilly Rd.			07 10 7 2007
	City	State	Zip Code	Transaction ID: R1690563
	<u>Hazlehurst</u>	MS	39083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General		040.00	1
	Other (specify)	0 0	210.00	
C.	Full Name (Last, First, Middle Initial) Mr. Randall Keith Johnson			Date of Receipt
				M M / D D / Y Y Y Y
	Mailing Address 207 Pea Creek Rd			07 05 2007
	City	State	Zip Code	0 7 0 5 2 0 0 7 Transaction ID: R475504
		State SC	Zip Code 29627	07 05 2007
	City		·	Transaction ID: R475504 Amount of Each Receipt this Period 277.50
	City Belton FEC ID number of contributing	SC C Occupation	29627	0 7 0 5 2 0 0 7 Transaction ID: R475504 Amount of Each Receipt this Period
	City Belton FEC ID number of contributing federal political committee. Name of Employer	C Occupation Insurance	29627	Transaction ID: R475504 Amount of Each Receipt this Period 277.50
	City Belton FEC ID number of contributing federal political committee. Name of Employer Self-employed	C Occupation Insurance	29627 n e Agent	Transaction ID: R475504 Amount of Each Receipt this Period 277.50
	City Belton FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) Other (specify)	C Occupation Insurance Aggregate	29627 P. Agent Year-to-Date ▼ 277.50	Transaction ID: R475504 Amount of Each Receipt this Period 277.50
S	City Belton FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	C Occupation Insurance Aggregate	29627 P. Agent Year-to-Date ▼ 277.50	Transaction ID: R475504 Amount of Each Receipt this Period 277.50 Check

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 116 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Firtee	nancial Ad	dvisors Political Action Com	mit-
Α.	Self-employed Receipt For: Primary General	State AK C Occupation Insurance Aggregate		Date of Receipt M M
3.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Terry M. Kaltenbach, CLU, ChFC Mailing Address 1358 Ahlrich Ave			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Encintas FEC ID number of contributing federal political committee.	CA C	Zip Code 92024-4029	Transaction ID: R1690672 Amount of Each Receipt this Period 125.00 Payroll Deduction
	Salf-amployed	Occupation Insurance Aggregate		
-).	Full Name (Last, First, Middle Initial) Mr. John B. Kearns, LUTCF Mailing Address 1802 First Ave City Scottsbluff FEC ID number of contributing	State NE	Zip Code 69361	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee. Name of Employer Solf omplayed	Occupation Insurance Aggregate		Payroll Deduction
s	UBTOTAL of Receipts This Page (optional)			417.50
Т	OTAL This Period (last page this line number only	<i>(</i>)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 48 / 116
TEMIZED RECEIPTS			or each category of the	(check only one)
••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Statoric commercial purposes, other than using the national states.	tements may ame and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		71	
\rangle	National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
	Full Name (Last, First, Middle Initial)			
۹.	Mr. Michael L. Kerley, JD			Date of Receipt
	Mailing Address 2901 Telestar Court			07 20 Y Y Y Y Y Y
	City	State	Zip Code	
	Falls Church	VA	22042	Transaction ID: R475987 Amount of Each Receipt this Period
			22042	Amount of Each Necelpt this Period
	FEC ID number of contributing federal political committee.	C		52.25
	Name of Employer	Occupation	n	Check
	Self-employed	Insurance	e Agent	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		731.50	
	Other (specify) ▼	0 0	701.30	
₹	Full Name (Last, First, Middle Initial) Mr. Michael L. Kerley, JD			Date of Receipt
•	Mailing Address 2901 Telestar Court			M M / D D / Y Y Y Y
	Maining Address 2501 Telestal Court	07 20 2007		
	City	State	Zip Code	Transaction ID: R475992
	Falls Church	VA	22042	Amount of Each Receipt this Period
	FEC ID number of contributing	C		52.25
	federal political committee.	<u> </u>		JE.ES
	Name of Employer	Occupation	 n	Check
	Name of Employer Self-employed	Insurance		
	Receipt For:		Year-to-Date ▼	7
	Primary General		701.50	
	Other (specify) ▼		731.50	
 D.	Full Name (Last, First, Middle Initial) Mr. Roy W. Kern, LUTCF, CLTC			Date of Receipt
	Mailing Address 3775 West Randall Road			M M / D D / Y Y Y Y
		-		07 10 2007
	City	State	Zip Code	Transaction ID: R1691242
	Springfield	MO	65810	Amount of Each Receipt this Period
	FEC ID number of contributing	С		60.00
	federal political committee.			
	Name of Employer	Occupation	n	Payroll Deduction
	Self-employed 1	Insurance	e Agent	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		420.00	
	Other (specify) ▼		420.00	
				164.50
S	UBTOTAL of Receipts This Page (optional)		·····	107.00
	OTAL This Period (last page this line number or	dy))	. L

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 49/116		
	TEMIZED RECEIPTS		or each category of the	(check only one)	44. 🗆 40		
•			Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17		
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may	not be sold or used by any person	on for the purpose of soliciting			
or		name and add	dress of any political committee to	solicit contributions from su	uch committee.		
	NAME OF COMMITTEE (In Full) National Association of Insurance and	Einanaial A	dvicera Political Action Com	mit			
	tee	FIIIalicial A	uvisors Political Action Com	IIIIL-			
_	Full Name (Last, First, Middle Initial)			5. (5.).			
Α.	Mr. Richard D. Kimmel Mailing Address 6525 Bellaire Drive S			Date of Receipt	/ Y Y Y Y		
	Mailing Address 6525 Bellatte Drive S			07 10	2007		
	City	State	Zip Code	Transaction ID: R16	389508		
	Ft Worth	TX	76132-1138	Amount of Each Rece	eipt this Period		
	FEC ID number of contributing federal political committee.	С			42.00		
	Name of Employer	Occupation	n	Payroll Deduction			
	Self-employed	Insurance					
	Receipt For:	Aggregate	e Year-to-Date ▼	_			
	Primary General Other (specify) ▼		294.00				
				4			
В.	Full Name (Last, First, Middle Initial) Mr. David G. Klemisch, LUTCF			Date of Receipt			
	Mailing Address 2801 26th Ave SW	0 7 / D D D 1 0	2007				
	City	State	Zip Code	Transaction ID: R16	Transaction ID: R1690019		
	Fargo	<u>ND</u>	58103	Amount of Each Rece	eipt this Period		
	FEC ID number of contributing federal political committee.	C			51.00		
	Name of Employer Self-employed	Occupation	n	Payroll Deduction			
		Insurance					
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,			
	Other (specify)		357.00				
				1			
^	Full Name (Last, First, Middle Initial) Mr. Casey C. Knake, CLU, ChFC			Date of Receipt			
Ο.	Mailing Address 2902 Mach I Dr.			M M / D D	/ Y Y Y Y		
				07 10	2007		
	City	State	Zip Code	Transaction ID: R16			
	Norfolk	NE	68701-3238	Amount of Each Reco	eipt this Period		
	FEC ID number of contributing federal political committee.	C			42.00		
	Name of Employer Occupation Self-employed Insurance			Payroll Deduction			
			e Year-to-Date ▼	7			
	Primary General		294.00	1			
	Other (specify)	234.00					
s	SUBTOTAL of Receipts This Page (optional)				135.00		
			·				
T	OTAL This Period (last page this line number	only)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 116 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
A .	Full Name (Last, First, Middle Initial) Mr. Kenneth E. Knox, CLU, ChFC Mailing Address Unit 9, 10 East St City Providence FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State RI C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr. Lance B. Kolbet, RHU,LUTCF Mailing Address 4632 Mountain Park Rd. City Pocatello FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State ID C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: R1691059 Amount of Each Receipt this Period 126.00 Payroll Deduction
D.	Full Name (Last, First, Middle Initial) Mr. David M. Koll, LUTCF Mailing Address 1612 S. 152nd Street City Omaha FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State NE C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: R1690480 Amount of Each Receipt this Period 105.00 Payroll Deduction
s	UBTOTAL of Receipts This Page (optional)			281.40
T	OTAL This Period (last page this line number on	lv)		

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 51 / 116
	EMIZED RECEIPTS		or each category of the	(check only one)
• • • • • • • • • • • • • • • • • • • •	EWIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	not be sold or used by any perse dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and F tee	inancial Ad	dvisors Political Action Com	mit-
A.				Date of Receipt
	Mailing Address 4162 Southshore Blvd.			07 02 7 2007
	City	State	Zip Code	Transaction ID: R475412
	Lake Oswego	OR	97035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			750.00
	Name of Employer Self-employed	Occupation		Check
	Receipt For:		Year-to-Date ▼	
	Primary General	111	750.00	1
	Other (specify)	0 0	750.00	
В.	Full Name (Last, First, Middle Initial) Mr. Richard A. Koob, CLU, ChFC,			Date of Receipt
	Mailing Address 301 Frederick Street	M M / D D / Y Y Y Y		
				07 10 2007
	City	State	Zip Code	Transaction ID: R1690716
	Waukesha	WI	53186-8116	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.40
	Name of Employee			Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		
	Receipt For:		Year-to-Date V	
	Primary General	7.99.094.0		1
	Other (specify) ▼		352.80	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. David T. Koppa, CLU, LUTCF			Date of Receipt
	Mailing Address 1105 Via Bolzano			M M / D D / Y Y Y Y
				07 10 2007
	City	State	Zip Code	Transaction ID: R1690457
	Santa Barbara	CA	93111-1053	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.50
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:	L	Year-to-Date ▼	
	Primary General		007.50	1
	Other (specify)	0 0	297.50	
[UBTOTAL of Receipts This Page (optional)			842.90
\vdash	ODITION OF NECESPES THIS Page (OPLIGHAI)			
_	OTAL This Period (last page this line number or	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 52 / 116
TEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar	ly information copied from such Reports and State for commercial purposes, other than using the nar	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions
<u>\</u>	NAME OF COMMITTEE (In Full)	ne and ade	1033 of arry political committee to	Solicit Contributions from Such Committee.
\rangle	National Association of Insurance and Fire	nancial Ad	dvisors Political Action Com	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. William J. Kosic, CLU, ChFC			Date of Receipt
	Mailing Address 56 E 54th St			07 05 7 2007
	City Savannah	State GA	Zip Code 31405-3314	Transaction ID: R475499 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0.100 30.1	125.00
	Self-employed '	Occupation		Check
	Receipt For:	Insurance Aggregate	e Agent Year-to-Date ▼	
	Primary General Other (specify) ▼	33 13	375.00	
3.	Full Name (Last, First, Middle Initial) Mr. William J. Kosic, CLU, ChFC			Date of Receipt
	Mailing Address 56 E 54th St	07 05 7 2007		
	City	State	Zip Code	Transaction ID: R475500
	Savannah	GA	31405-3314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 Check
	Solf amployed 1	Occupation Insurance		Grieck
	Receipt For:		Year-to-Date ▼	
	Primary General		375.00	
	Other (specify) ▼		373.00	
 D.	Full Name (Last, First, Middle Initial) Mr. W. Gary Langenhahn	_		Date of Receipt
	Mailing Address 2 Briars Corners			07 30 YYYYY 2007
	City	State	Zip Code	Transaction ID: R476133
	Briarcliff Manor	NY	10510-7350	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Self-employed '	Occupation Insurance		Check
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			625.00
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- 1	OTAL This Period (last page this line number only	()	······································	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 53 / 116
	TEMIZED RECEIPTS		or each category of the	(check only one)	
•	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	→ 11c → 12 →
				13 14	15 16 17
Ar	y information copied from such Reports and Statem for commercial purposes, other than using the name	ents may and add	not be sold or used by any perso dress of any political committee to	n for the purpose of solid solicit contributions from	citing contributions
<u></u>	NAME OF COMMITTEE (In Full)				
$ \rangle$	National Association of Insurance and Fina	mit-			
	tee	iliciai Ac	Wisors i offical Action Com	1111,-	
	Full Name (Last, First, Middle Initial)				
A.	Mr. Thomas R. Laster, RHU			Date of Receipt	
	Mailing Address 1713 Elmhurst Ave			M M / D D	
	0''	<u> </u>	7: 0 1	07 10	
	,	State	Zip Code	Transaction ID: F	
		<u>OK</u>	73120	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	c '			50.40
	rederal political committee.				
	Name of Employer Oc	ccupation	1	Payroll Deduction	1
	Self-employed In	surance	e Agent		
	Receipt For:	ggregate	Year-to-Date ▼		
	Primary General	1 1	352.80		
	Other (specify)		332.00		
_					
В.	Full Name (Last, First, Middle Initial) Mr. Daniel L. Lawrence			Date of Receipt	
٥.	Mailing Address 5553 Peters Drive			M M / D D	/ Y Y Y Y Y
	Maining Address 3000 Feters Drive			0 7 1 0	
	City	State	Zip Code	Transaction ID: F	11689782
	West Bend	WI	53095	Amount of Each R	
	FEC ID number of contributing				E1 00
	federal political committee.				51.00
	Name of Employer	ccupation	<u> </u>	Payroll Deduction	n
	Self-employed 1	surance			
			Year-to-Date ▼	_	
	Primary General	999			
	Other (specify)		357.00		
				'	
	Full Name (Last, First, Middle Initial)				
C.	Mr. Kevin J. LeBlanc			Date of Receipt	
	Mailing Address 9123 Linksvue Drive			07 02	
	City	State	Zip Code	Transaction ID: F	
	•	TN	37922	Amount of Each R	
	FEC ID soundhou of contribution		07022	Amount of Each 11	cocipi tilis i cilod
	FEC ID number of contributing federal political committee.				250.00
	Name of Employer Occ Self-employed Ins			Check	
				Onlook	
			Agent	4	
		ggregate	Year-to-Date ▼	.	
Primary General Other (specify) ▼			250.00		
			0 0 0 0 0 0 0		
	I				
ء	UBTOTAL of Receipts This Page (optional)				351.40
\vdash	ODITAL OF HOOGIPLE THIS Fage (optional)				
I _	OTAL This Period (last page this line number only)		_	<u> </u>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 116 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. Ronald B. Lee, CLU ChFC Mailing Address Group Strategies, LLC			Date of Receipt
	292 Madison Avenue, 7th City	n Floor State	Zip Code	0 7 1 9 2 0 0 7 Transaction ID: R475870
	New York	NY	10017-6318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-employed	Occupation Insurance		— Check
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Lanny D. Levin, CLU, ChFC Mailing Address 313 Laurel			Date of Receipt
		07 10 2007		
	City Highland Park	State	Zip Code	Transaction ID: R1691117
	FEC ID number of contributing federal political committee.	C	60035-2619	Amount of Each Receipt this Period 42.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 294.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Charlie E. Lewis, LUTCF			Date of Receipt
Mailing Address 515 N Broad St				07 09 7 2007
	City Thomasville	State GA	Zip Code 31792-4424	Transaction ID: R475588 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	01102 4424	250.00
	Name of Employer Self-employed	Occupation Insurance		Check
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			792.00
т.	OTAL This Period (last page this line number on	lv)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 55 / 116
	-		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may ne and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Fir	nancial Ad	dvisors Political Action Com	mit-
	Full Name (Last, First, Middle Initial)			
۹.	Mr. Richard H. Linsday			Date of Receipt
	Mailing Address 11417 Sumac Lane			$\begin{bmatrix} & M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
	City	State	Zip Code	Transaction ID: R476026
	Camarillo	CA	93012-8860	Amount of Each Receipt this Period
			30012 0000	
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-employed	Occupation	1	Check
		Insurance		
		Aggregate	Year-to-Date ▼	
	Primary General	1	250.00	
	Other (specify)	0 0		
3	Full Name (Last, First, Middle Initial) Mr. T. Leslie Littleton, LUTCF, CLU			Date of Receipt
-	Mailing Address 1025 E. Austin			M M / D D / Y Y Y Y
				07 10 2007
	City	State	Zip Code	Transaction ID: R1691434
	Nacogdoches	TX	75965-2964	Amount of Each Receipt this Period
	FEC ID number of contributing	С		42.50
	federal political committee.	<u> </u>		
	Name of Employer	Occupation	1	Payroll Deduction
	Self-employed	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		297.50	
	Other (specify)	0 0		
•	Full Name (Last, First, Middle Initial)			Date of Receipt
٥.	Mr. Lawrence E. Lounds Mailing Address 2477 Valley Oaks Circle			M M / D D / Y Y Y Y
	Valley Oaks Circle			07 10 2007
	City	State	Zip Code	Transaction ID: R1691464
	Flint	MI	48532	Amount of Each Receipt this Period
	FEC ID number of contributing	С		105.00
	federal political committee.			
	Name of Employer	Occupation	1	Payroll Deduction
	Self-employed 1	Insurance		
		Aggregate	Year-to-Date ▼	
	Primary General		735.00	
	Other (specify)	0 0	700.00	
9	UBTOTAL of Receipts This Page (optional)			397.50
-	ODITIAL OF Necepts This Page (optional)		······	
T	OTAL This Period (last page this line number only	·))	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 / 116 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	/ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F			
<u>΄</u> Α.	Full Name (Last, First, Middle Initial) Mrs. Patricia S. Lucas, CLU, CLTC, L			Date of Receipt
	Mailing Address 8375 Starlight Lane	Ctoto	7in Code	0 7 1 0 7 2 0 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Boones Mill	State VA	Zip Code 24065-1909	Transaction ID: R1690221 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 294.00	
3.	Full Name (Last, First, Middle Initial) Mr. Michael A. Lundy, LUTCF,CLF			Date of Receipt
	Mailing Address 1289 Homestead Dr.	07 16 7 2007		
	City Xenia	State OH	Zip Code 45385-7027	Transaction ID: R475782
	FEC ID number of contributing federal political committee.	C	45365-7027	Amount of Each Receipt this Period 250.00
	Name of Employer Self-employed	Occupation Insurance		Check
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
D.	Full Name (Last, First, Middle Initial) Mr. William J. Lynch, LUTCF			Date of Receipt
	Mailing Address 5075 SW Griffith Dr. #20	00		07 10 7 2007
	City Beaverton	State OR	Zip Code 97005	Transaction ID: R1691187 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	37003	37.50
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 262.50	
S	UBTOTAL of Receipts This Page (optional)			329.50
_	OTAL This Period (last page this line number or			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 116 (check only one) X
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
A .	Full Name (Last, First, Middle Initial) Mr. Dean G. Macheras, LUTCF Mailing Address 61 Oakwood Dr City Monroe FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) City Full Name (Last, First, Middle Initial) Mr. Glenford B. Malcolm, Sr. Mailing Address P. O. Box 822315 City	State		Date of Receipt M M M / D D D / 2007 Transaction ID: R475761 Amount of Each Receipt this Period 250.00 Credit Card Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	South Florida FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	C Occupation Insurance Aggregate		Amount of Each Receipt this Period 42.00 Payroll Deduction
D.	Full Name (Last, First, Middle Initial) Mr. Joseph J. Maltese, CFP Mailing Address 4176 Arikakee Court City Jacksonville FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State FL C Occupation Insurance Aggregate		Date of Receipt M M J D D J 2007 Transaction ID: R1689952 Amount of Each Receipt this Period 42.00 Payroll Deduction
s	UBTOTAL of Receipts This Page (optional)		······	334.00
Т	OTAL This Period (last page this line number or	nlv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 116 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Staten for commercial purposes, other than using the nam	nents may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee			
Α.	Name of Employer Self-employed Receipt For: Primary General	State RI C Description Descr		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Darren Scott Mason, CLU, ChFC Mailing Address 178 Shorecliff Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Solf omployed	CA Ccupation		Transaction ID: R1690921 Amount of Each Receipt this Period 41.66 Payroll Deduction
		nsurance Aggregate	e Agent Year-to-Date ▼ 291.62	
) .	Full Name (Last, First, Middle Initial) Mr. Carl James Maus, LUTCF Mailing Address 432 Fort Saratoga City	State	Zip Code	Date of Receipt 0 7 1 0 2 0 0 7
	Saint Charles	MO C	63303-1766	Transaction ID: R1691425 Amount of Each Receipt this Period 50.40
	Self-employed I	Occupation nsurance Aggregate		Payroll Deduction
s	UBTOTAL of Receipts This Page (optional)			142.46
T	OTAL This Period (last page this line number only)			

0	COLLED III E A (EEO Es um OV)			FOR LINE NUMBER: PAGE 59 / 116	
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)	
ΙT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17	
Ar	y information copied from such Reports and Sta	atements may	y not be sold or used by any pers		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$ \rangle$	National Association of Insurance and lee	Financial A	dvisors Political Action Com	mit-	
Α.	Full Name (Last, First, Middle Initial) Mr. Vincent S. Mazzurco, CSA			Date of Receipt	
A.	Mailing Address P. O. Box 1060			<u> </u>	
	Mailing Address P. O. Box 1060			07 20 2007	
	City	State	Zip Code	Transaction ID: R476177	
	Ocala	FL	34478-1060	Amount of Each Receipt this Period	
			31176 1666	Amount of Each recorpt this i ched	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer	Occupation	<u> </u>	Credit Card	
	Self-employed	Insurance			
	Receipt For:		Year-to-Date ▼		
	Primary General			7	
	Other (specify) ▼		250.00		
				-	
В.	Full Name (Last, First, Middle Initial) Mr. James L. McConathy, Jr.			Date of Receipt	
	Mailing Address 706 Trenton St., Apt. 6	M M / D D / Y Y Y Y			
				07 10 2007	
	City	State	Zip Code	Transaction ID: R1689652	
	West Monroe	LA	71291	Amount of Each Receipt this Period	
	FEC ID number of contributing			50.00	
	federal political committee.	C		50.00	
	Name of Employer	Occupation	า	Payroll Deduction	
	Self-employed	Insurance			
	Receipt For:		Year-to-Date ▼	-	
	Primary General	1.999	1 1 1 1 1 1 1	7	
	Other (specify) ▼		350.00		
				"	
_	Full Name (Last, First, Middle Initial) Ms. Juli Y. McNeely, LUTCF,CFP			Date of Receipt	
٥.	Mailing Address S764 Hanson Road			M M / D D / Y Y Y Y	
	Walling Address 3704 Harison Hoad			07 10 2007	
	City	State	Zip Code	Transaction ID: R1690290	
	Spencer	WI	54479	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		51.00	
	V (5.1	10 "		Payroll Deduction	
	Name of Employer Self-employed	Occupation			
	Pagaint For:	Insurance		_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	-	
	Other (specify)	' '	252.00		
	3 tilo: (opcon)) ♥	-	0 0 0 0 0 0 0	4	
_				351.00	
Ls	UBTOTAL of Receipts This Page (optional)				
1					

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 60 / 116
ITEMIZED RECEIPTS		or each category of the	(check only one)
···		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) A. Timothy J. Meenan			Date of Receipt
Mailing Address 204 South Monroe Stre	et		M M / D D / Y Y Y Y
City	State	Zip Code	0 7 2 0 2 0 0 7 Transaction ID: R476165
Tallahassee	Otato	32301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation	n	Credit Card
Self-employed	Insurance		
Receipt For:		e Year-to-Date ▼	7
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) 3. Mr. Dennis R. Merideth, CLU, ChFC			Date of Receipt
Mailing Address 6210 N. Camino Pimer	ia Alta		07 10 7 2007
City	State	Zip Code	Transaction ID: R1690635
Tucson	AZ	85718	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		66.00
Name of Employer Self-employed	Occupation		Payroll Deduction
Receipt For:	Insurance	e Agent e Year-to-Date V	4
Primary General	riggrogate		1
Other (specify) ▼	0 0	462.00	
Full Name (Last, First, Middle Initial) C. Mr. David A. Middaugh, CLU, AEP			Date of Receipt
Mailing Address 3273 Evergreen Road			0 7 1 0 2 0 0 7
City	State	Zip Code	Transaction ID: R1691423
Fargo	ND	58102-1214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		126.00
Name of Employer Self-employed	Occupation		Payroll Deduction
Receipt For:		e Year-to-Date ▼	7
Primary General Other (specify) ▼	0 0	882.00	
SUBTOTAL of Receipts This Page (optional)			692.00
TOTAL This Period (last page this line number of	only)		

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 116 (check only one) X
Any or f	information copied from such Reports and State or commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Ms. M. Kay Mielke-Crookshanks, CSA Mailing Address 18542 Elderberry St SW City Rochester FEC ID number of contributing rederal political committee. Name of Employer Self-employed Receipt For:	State WA C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Primary General Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Anthony D. Miller, CLU, ChFC, Mailing Address 4502 Hi-Line Dr			Date of Receipt 0 7 1 0 2 0 0 7
	City	State	Zip Code	Transaction ID: R1690744
	Billings FEC ID number of contributing rederal political committee.	MT C	59106	Amount of Each Receipt this Period 50.40
	Name of Employer Self-employed Receipt For: Primary General	Occupation Insurance Aggregate	e Agent Year-to-Date ▼	Payroll Deduction
	Other (specify) ▼		264.00	
C	Full Name (Last, First, Middle Initial) Mr. Dennis L. Miller, LUTCF, CLU Mailing Address 649 State Road P.O. Box 186 City Vassar FEC ID number of contributing rederal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State MI C Occupation Insurance Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SI	BTOTAL of Receipts This Page (optional)	342.90		
	TAL This Period (last page this line number on			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 62 / 116			
ITEMIZED RECEIPTS			or each category of the	(check only one)		
••	LIMIZED RECEIL TO		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1	17	
Δι	ny information copied from such Reports and Stateme	ents may	y not be sold or used by any perso		17	
or	ny information copied from such Reports and Stateme for commercial purposes, other than using the name	and add	dress of any political committee to	solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	National Association of Insurance and Finar tee	ncial Ad	dvisors Political Action Com	mit-		
^	Full Name (Last, First, Middle Initial)			Data of Bookint		
Α.	Mr. James E. Mitchell, LUTCF, CTP Mailing Address 2209 Ontario			Date of Receipt		
	Mailing Address 2209 Officiano			07 10 2007		
	City	State	Zip Code	Transaction ID: R1689074		
	Bellingham V	VA	98229-4027	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			60.00		
	Name of Employer Oc	cupation	 1	Payroll Deduction		
	Self-employed 1	-	e Agent			
	Receipt For: Ag	ggregate	Year-to-Date ▼			
	Primary General	1 1	495.00			
	Other (specify)		+33.00			
— В.	Full Name (Last, First, Middle Initial) Mr. Paul N. Mogen			Date of Receipt		
	Mailing Address 2035 Manor Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R475574		
	<u>Casper</u> V	VY	82609-3515	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			100.00		
	Name of Employer Oct Self-employed Inc.	cupation	1	Credit Card		
			e Agent			
		ggregate	Year-to-Date ▼	Earmarked: NAIFA - Wyoming		
	Primary General Other (specify) ▼		.00			
	Other (Speedily)	0 0	0 0 0 0 0 0 0			
_	Full Name (Last, First, Middle Initial)					
C.	Mr. Martin Montefel, CLU			Date of Receipt		
	Mailing Address 16932 SW 5th Way			07 10 2007		
	City State		Zip Code	Transaction ID: R1691054		
	Weston F	<u>-</u> L	33326-1564	Amount of Each Receipt this Period		
	FEC ID number of contributing			50.00	٦	
	federal political committee.			30.00		
		cupation	1	Payroll Deduction		
		surance	e Agent			
		ggregate	Year-to-Date ▼			
Primary General Other (specify) ▼			550.00			
		1	7			
s	UBTOTAL of Receipts This Page (optional)			210.00	1	
					1	
T	OTAL This Period (last page this line number only)		.		-	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 63 / 116
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	by information copied from such Reports and Statem	ents may	not be sold or used by any perso	
or	ny information copied from such Reports and Statem for commercial purposes, other than using the name	e and add	lress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and Finatee	incial Ad	dvisors Political Action Com	nit-
•	Full Name (Last, First, Middle Initial)			Data of Bassist
Α.	Mr. James W. Monteverde Mailing Address WaterWorks Road			Date of Receipt
	Water Works Hoad			07 10 2007
	City	State	Zip Code	Transaction ID: R1691495
<u>Sewickley</u> PA			15143	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C ;		50.00
	Name of Employer O	ccupation	1	Payroll Deduction
	Self-employed In	surance	e Agent	
		ggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
	Other (specify)	0 0	0 0 0 0 0 0 0	
— В.	Full Name (Last, First, Middle Initial) Mr. Robert J. Morales, LUTCF, CLT			Date of Receipt
	Mailing Address 1125 Wyoming Avenue	07 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
		State	Zip Code	Transaction ID: R1688963
	Reno	NV	89503-3342	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer O Self-employed In	ccupation	1	Payroll Deduction
		surance		
	Receipt For: A Primary General	nggregate	Year-to-Date ▼	
	Other (specify) ▼		420.00	
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Raymond H. Moran, CLU, ChFC			Date of Receipt
	Mailing Address 5463 Irvin Park Cove			07 10 2007
	City	State	Zip Code	Transaction ID: R1691246
	Memphis	TN	38119	Amount of Each Receipt this Period
	FEC ID number of contributing			42.00
	federal political committee.	C		42.00
	Name of Employer O Self-employed In	ccupation	1	Payroll Deduction
Self-employed Insurance			e Agent	
		ggregate	Year-to-Date ▼	
Primary General			294.00	
	Other (specify)	0 0		
	152.00			
\vdash	UBTOTAL of Receipts This Page (optional)		······································	
Т	OTAL This Period (last page this line number only))	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUME	BER: PAGE 64/116			
ITEMIZED RECEIPTS			or each category of the	(check only one)			
••	EMIZED RECEIL TO		Detailed Summary Page	X 11a 11	\vdash		
Ar	ny information copied from such Reports and Stateme	ents may	not be sold or used by any perso				
or	ny information copied from such Reports and Stateme for commercial purposes, other than using the name	and add	dress of any political committee to	solicit contributions	from such committee.		
	NAME OF COMMITTEE (In Full)						
	National Association of Insurance and Finantee	ncial A	dvisors Political Action Com	mit-			
	Full Name (Last, First, Middle Initial)			5. (5.			
Α.	Mr Joseph L Morton, III,JD			Date of Receip			
	Mailing Address 5487 N. Bach			07	10 2007		
	City	tate	Zip Code	Transaction II	D : R1687975		
	Meridian II	D	83642		ch Receipt this Period		
	FEC ID number of contributing federal political committee.	;			126.00		
	Name of Employer Oc	cupation	า	Payroll Deduc	ction		
	Self-employed 1		e Agent				
	· · · · · · · · · · · · · · · · · · ·		Year-to-Date ▼				
	Primary General	1 1	024.00	1			
	Other (specify) ▼		924.00				
_	Full Name (Last, First, Middle Initial)						
В.				Date of Receip			
	Mailing Address 14712 Shirley Street			0 7	10 2007		
	City	State Zip Code			D : R1691428		
	<u>Omaha</u> N	IE	68144-2144		ch Receipt this Period		
	FEC ID number of contributing		1 1 1 1 1		50.00		
	federal political committee.	<u>, </u>			30.00		
	Name of Employer Oc.	cupation	 1	Payroll Deduc	ction		
	Self-employed		e Agent				
	Receipt For: Ag	gregate	Year-to-Date ▼	7			
	Primary General	1 1	350.00	1			
	Other (specify) ▼		330.00				
_	Full Name (Last, First, Middle Initial)			D.1. (D.)			
C.	Mr. John F. Nichols, CLU, DIA Mailing Address 1331 W Norwood Avenue			Date of Receip			
	Mailing Address 1331 W Norwood Avenue			07	10 2007		
	City State		Zip Code	Transaction II	D : R1688819		
	Chicago II	_	60660		ch Receipt this Period		
	FEC ID number of contributing				42.00		
	federal political committee. Name of Employer Self-employed C C Occupation				42.00		
			1	Payroll Deduc	ction		
Insuranc		surance	e Agent				
		gregate	Year-to-Date ▼				
Primary General Other (specify) ▼			294.00	1			
			254.00				
	L						
SUBTOTAL of Receipts This Page (optional)							
Г							
T	OTAL This Period (last page this line number only)		>				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 65 / 116	
TEMIZED RECEIPTS			or each category of the	(check only one)	
•	LIMIZED NEOLII 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 [747
۸۰	by information against from augh Banarta and States	monto mov	r not be cold or used by any parce		17
or	ny information copied from such Reports and Stater for commercial purposes, other than using the nan	ne and add	lress of any political committee to	solicit contributions from such committee.	
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	National Association of Insurance and Fin	ancial Ad	dvisors Political Action Comr	nit-	
۹.	Full Name (Last, First, Middle Initial) Ms. Shirley A. Nielsen, LUTCF, CLU			Date of Receipt	
	Mailing Address 2817 Circle Drive			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City	State	Zip Code	Transaction ID: R1691420	
	Grand Island	NE	68801	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		50.00	
	Self-employed	Occupation Insurance		Payroll Deduction	
			Year-to-Date ▼	-	
	Primary General Other (specify) ▼	33 13	350.00		
 3.	Full Name (Last, First, Middle Initial) Mr. Frank R. Nolimal, CLU, ChFC,			Date of Receipt	
	Mailing Address 2017 Grafton Ave			07 10 Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: R1691339	
	Henderson	NV	89014	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		60.00	
	Salf-amployed 1	Occupation Insurance		Payroll Deduction	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		420.00		
).	Full Name (Last, First, Middle Initial) Mr. Ray C. Nowicky, CLU			Date of Receipt	
	Mailing Address 1718 Victoria Circle			07 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: R475855	
	Vero Beach	FL	32967	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Self-employed	Occupation Insurance		Check	
			Year-to-Date ▼	1	
	Primary General Other (specify) ▼		250.00		
s	UBTOTAL of Receipts This Page (optional)			360.00	
T	OTAL This Period (last page this line number only	')	>		

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 116 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any i	information copied from such Reports and Star r commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
) N	AME OF COMMITTEE (In Full) Iational Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
A. MARINE FEE	ull Name (Last, First, Middle Initial) fr. Brian E. O'Brien, CLU,ChFC,L failing Address 1651 Wolf Run Dr. ity Richfield EC ID number of contributing ederal political committee. ame of Employer elf-employed ecceipt For: Primary General Other (specify)	State WI C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3. M N C A F fe N S	ull Name (Last, First, Middle Initial) Ir. James W. Oglesby, LUTCF Iailing Address P. O. Box 7156 ity asheville EC ID number of contributing ederal political committee. Iame of Employer elf-employed ecceipt For: Primary General Other (specify)	State NC C Occupation Insurance Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C. M. C. S. F. F. F. S. C. S.	ull Name (Last, First, Middle Initial) Ir. Rex W Oliver Iailing Address 1173 South 250 West Suite 201 ity Saint George EC ID number of contributing Ederal political committee. Iame of Employer Elf-employed Ecceipt For: Primary General Other (specify)	State UT C Occupation Insurance Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUE	BTOTAL of Receipts This Page (optional)			245.50
TOI	TAL This Period (last page this line number or	nlv)	>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 67/116
ΙT	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Statement	nts mav	not he sold or used by any nerso	
or	for commercial purposes, other than using the name ar	and add	lress of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Finance tee	cial Ac	dvisors Political Action Comr	nit-
	Full Name (Last, First, Middle Initial) Ms. Rae Lee Olson			Date of Receipt
٦.	Mailing Address 218 N El Monte Ave			M M / D D / Y Y Y Y
				07 10 2007
	,	tate	Zip Code	Transaction ID: R1691402
	Los Altos CA	A	94022-2354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			42.50
	Name of Employer Occu Self-employed Insu	cupation	1	Payroll Deduction
	Self-employed Insu	urance	e Agent	
		gregate	Year-to-Date ▼	
	Primary General		297.50	
	Other (specify) ▼		0 0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) Mr. Mitchell W. Ostrove, CLU, ChFC			Date of Receipt
	Mailing Address 4 New King Street			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	,	tate	Zip Code	Transaction ID: R1690484
	White Plains NY	Y	10604-1202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			42.00
	Name of Employer Occu Self-employed Incu	cupation	1	Payroll Deduction
	IIISu		e Agent	
	Receipt For: Agg	gregate	Year-to-Date ▼	
	Other (specify)		294.00	
	The state of the s	-	0 0 0 0 0 0 0	
•	Full Name (Last, First, Middle Initial) Mr. Gary M. Owens, LUTCF			Date of Receipt
٠.	Mailing Address PO Box 835			M M / D D / Y Y Y Y
				07 10 2007
	,	tate	Zip Code	Transaction ID: R1689023
	Sultan W/	/A	98294	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			42.50
	Name of Employer Occu Self-employed Income	cupation	1	Payroll Deduction
	Insu		e Agent	
		gregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		297.50	
	Carior (openin) 🔻	0 0	0 0 0 0 0 0 0 0	
	IIPTOTAL of Possints This Poss (antional)		_	127.00
_	UBTOTAL of Receipts This Page (optional)		······	
т	OTAL This Period (last page this line number only)		•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 116 (check only one) X	
Ar or	y information copied from such Reports and Staten for commercial purposes, other than using the nam	nents may ne and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ancial Ad	dvisors Political Action Com	mit-	
Α.	Name of Employer Self-employed Receipt For: Primary General	State MD C Description C Aggregate		Date of Receipt M M M	
Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Aldous Kawailani Paalani Mailing Address 2219 Kaululaau Street				Date of Receipt 0 7 1 0 2 0 0 7	
	City Honolulu FEC ID number of contributing federal political committee.	State HI	Zip Code 96813-1230	Transaction ID: R1690761 Amount of Each Receipt this Period 50.00	
	Self-employed I	Occupation nsurance Aggregate		Payroll Deduction	
	Name of Employer Self-employed	State CA C Decupation nsurance Aggregate		Date of Receipt M M J J D J J J J J J J J J J J J J J J	
s	UBTOTAL of Receipts This Page (optional)			134.00	
T	OTAL This Period (last page this line number only)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 116 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a	ay not be sold or used by any perso ddress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Financial tee	Advisors Political Action Com	mit-
, Д.	Full Name (Last, First, Middle Initial) Mr. Martin F. Palumbos, CLU, ChFC, Mailing Address 87 Parkside Lane City State Rochester NY FEC ID number of contributing federal political committee. Name of Employer Self-employed Occupat Insurar	Zip Code 14612-3231 ion ice Agent ate Year-to-Date ▼ 500.00	Date of Receipt M M / D D / 2007 Transaction ID: R476159 Amount of Each Receipt this Period 250.00 Check Date of Receipt
	City State Las Vegas NV FEC ID number of contributing federal political committee. Name of Employer Self-employed Occupat Insurar	Zip Code 89193 ion ice Agent ate Year-to-Date ▼ 420.00	Transaction ID: R1691019 Amount of Each Receipt this Period 60.00 Payroll Deduction
C .		Zip Code 23229 ion ice Agent ate Year-to-Date ▼ 367.50	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)	······•	360.00
T	OTAL This Period (last page this line number only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 70 / 116
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and F	inancial Ad	dvisors Political Action Com	mit-
۸.	Full Name (Last, First, Middle Initial) Ms. Debbie K. Paul, CLU, ChFC			Date of Receipt
•	Mailing Address 4001 MacArthur Blvd Su	ite 300		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1690924
	Newport Beach	CA	92660-2510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.50
	Name of Employer Self-employed	Occupation	1	Payroll Deduction
	Self-employed	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		297.50	
 3.	Full Name (Last, First, Middle Initial) Ms. Deborah L. Pearson, LUTCF			Date of Receipt
	Mailing Address 5709 Yukon St	07 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R475523
	Arvada	CO	80002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-employed	Occupation		Credit Card
	Receipt For:	Insurance	e Agent • Year-to-Date ▼	\dashv
	Primary General	Aggregate		
	Other (specify) ▼		295.00	
`	Full Name (Last, First, Middle Initial)			Date of Receipt
J.	Mr. Gary H. Pendleton, CLU, ChFC Mailing Address 2601 Oberlin Rd			Date of Receipt
				07 10 2007
	City	State	Zip Code	Transaction ID: R1690630
	Raleigh	NC	27608-1319	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.83 Payroll Deduction
	Name of Employer Self-employed	Occupation		1 ayron beduction
		Insurance	e Agent • Year-to-Date ▼	\dashv
	Primary General	, iggi egale		1
	Other (specify) ▼		320.81	
S	UBTOTAL of Receipts This Page (optional))	338.33
T	OTAL This Period (last page this line number on	ly)	>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 71 / 116				
ITEMIZED RECEIPTS			or each category of the	(check only one)			
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	17		
Ar	ny information copied from such Reports and Sta	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions			
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) National Association of Insurance and F	Einanaial A	dvicera Political Action Com	mit			
	tee	-illaliciai Ai	uvisors Political Action Com	IIIIt-			
_	Full Name (Last, First, Middle Initial)			5. 75			
Α.	Ms. Shelly D. Pensky, LLC Mailing Address 2855 S. 4th Avenue #11	0		Date of Receipt			
	Zess S. 4[II Avenue #1]	0		07 10 2007			
	City	State	Zip Code	Transaction ID: R1691181			
	Yuma	AZ	85364-8150	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		30.00			
	Name of Employer	Occupation	n	Payroll Deduction			
	Self-employed	Insurance					
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼				
	Other (specify)		210.00				
В.				Date of Receipt			
	Mailing Address 1420 Hackberry Road			$\begin{bmatrix} & M & M & / & D & D & / & Y & Y & Y & Y \\ 0 & 7 & & 1 & 0 & & 2 & 0 & 0 & 7 \end{bmatrix}$			
	City	State	Zip Code	Transaction ID: R1691417			
	North Platte	NE	69101-6841	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		47.50			
	Name of Employer Self-employed	Occupation	n	Payroll Deduction			
		Insurance					
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		432.50				
		0 0	0 0 0 0 0 0 0	1			
_	Full Name (Last, First, Middle Initial)			5. (5			
C.	Mr. A. Duer Pierce, Jr. Mailing Address 5818 Kennett Pike			Date of Receipt			
	So to Refinett Fike			07 10 2007			
	City	State	Zip Code	Transaction ID: R1689031			
	Wilmington	DE	19807-1116	Amount of Each Receipt this Period	_		
	FEC ID number of contributing federal political committee.			25.00			
Name of Employer Occupation Self-employed Insurance				Payroll Deduction	_		
				T dyfoli Boddolloli			
		e Year-to-Date 🔻	-				
	Primary General	33 - 3		1			
Other (specify) ▼			425.00				
			_				
SUBTOTAL of Receipts This Page (optional)							
Ť					Ī		
т	OTAL This Period (last page this line number o	nly)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 116 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Statem for commercial purposes, other than using the name	nents may le and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee			
A .	Full Name (Last, First, Middle Initial) Mr. R. Jan Pinney, CLU, ChFC, Mailing Address 5152 Ellington Court City Granite Bay FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State CA C Decupation Insurance Aggregate		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Mr. B. Keith Potts Mailing Address P.O. Box 821 City Wolfforth FEC ID number of contributing federal political committee. Name of Employer Self-employed	State TX C Occupation nsurance Aggregate		Date of Receipt M M
C .	Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Self-employed Ir	State OK C Occupation nsurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)	268.00		
T	OTAL This Period (last page this line number only))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 73 / 116
	EMIZED RECEIPTS		or each category of the	(check only one)
•	LIMIZED RESENTS		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
۸۰	w information applied from such Banarta and Stat	omonto mo	ret be edd or used by any perse	
or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. Henry L Prien, CLU,LUTCF			Date of Receipt
	Mailing Address 415 38th St S Ste E			07 10 7 2007
	City	State	Zip Code	Transaction ID: R1691309
	<u>Fargo</u>	ND	58103-1190	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.40
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:		e Year-to-Date V	\dashv
	Primary General Other (specify) ▼	- iggi ogali	354.00	
 3.	Full Name (Last, First, Middle Initial) Mr. Earl S. Prolman, CLU, ChFC			Date of Receipt
	Mailing Address 100 Elm Street, Box 340	5		0 7 1 6 2 0 0 7
	City	State	Zip Code	Transaction ID: R475787
	Nashua	NH	03061-6405	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self-employed	Occupation		Check
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Craig L. Quinlan, CLU			Date of Receipt
	Mailing Address 3430 Yorkshire Ct			07 / 10 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1687834
	Palatine	<u>IL</u>	60067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	1
	Primary General Other (specify) ▼		294.00	
s	UBTOTAL of Receipts This Page (optional)			217.40
			<u> </u>	
T	OTAL This Period (last page this line number on	ly)	>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE /4/116
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	itements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) Mr. Edward F. Randolph			Date of Receipt
Mailing Address 1515 Mill Bay Road			07 10 7 2007
City	State AK	Zip Code	Transaction ID: R1688500
Kodiak FEC ID number of contributing federal political committee.	C	99615-6233	Amount of Each Receipt this Period 42.00
Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 294.00	
Full Name (Last, First, Middle Initial) Mr. Kevin J. Reinke, LUTCF, CIC			Date of Receipt
Mailing Address 3418 43rd Street		07 13 7 2007	
City	State LA	Zip Code	Transaction ID: R475764
Metairie	LA	70001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00 Credit Card
Name of Employer Self-employed	Occupatio Insuranc	e Agent	Orean Gard
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Mr. Robert W. Rensing, LUTCF			Date of Receipt
Mailing Address 2515 S. 105th Ave			07 10 7 2007
City	State	Zip Code	Transaction ID: R1689094
Omaha	NE	68124-1825	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00 Payroll Deduction
Name of Employer Self-employed	Occupatio Insuranc	e Agent	Fayron Deduction
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify) ▼	0 0	294.00	
SUBTOTAL of Receipts This Page (optional)			584.00
TOTAL This Period (last page this line number or	nly)	_	

SCH	EDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 75/116			
	MIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a			
Any in	formation copied from such Reports and Sta	atements may	y not be sold or used by any perso	n for the purpose of soliciting contributions			
		ame and add	iress of any political committee to	solicit contributions from such committee.			
\	ME OF COMMITTEE (In Full) ational Association of Insurance and F e	Financial A	dvisors Political Action Com	nit-			
A. <u>Mr.</u>	I Name (Last, First, Middle Initial) August P. Richter, IV,LUTCF,			Date of Receipt			
	iling Address 401 Wild Oak Drive			07 10 2007			
City <u>Ma</u>	y anitowoc	State WI	Zip Code 54220-9054	Transaction ID: R1688660 Amount of Each Receipt this Period			
	C ID number of contributing leral political committee.	C		50.40			
Na Se	me of Employer lf-employed	Occupation		Payroll Deduction			
Red	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 352.80				
3. Mr.	l Name (Last, First, Middle Initial) Richard R. Rios, CLU, ChFC			Date of Receipt			
Ma	iling Address 8720 El Chapul Way	07 10 7 2007					
City		State	Zip Code	Transaction ID: R1688462			
<u>Fa</u>	<u>ir Oaks</u>	CA	95628-5454	Amount of Each Receipt this Period			
	C ID number of contributing leral political committee.	С		50.00			
Na Se	me of Employer lf-employed	Occupation Insurance		Payroll Deduction			
Red	ceipt For:		Year-to-Date ▼				
	Primary General Other (specify) ▼		350.00				
	I Name (Last, First, Middle Initial) Robert M. Roach, CLU, ChFC			Date of Receipt			
Ma	iling Address 1287 Harrison Pond Dri	ve		07 05 YYYYY 2007			
City	у	State	Zip Code	Transaction ID: R475502			
<u>Ne</u>	ew Albany	OH	43054	Amount of Each Receipt this Period			
	C ID number of contributing eral political committee.	C		253.30			
Na Se	me of Employer lf-employed	Occupation Insurance		Check			
Red	ceipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify) ▼	0 0	1075.80				
SUBT	SUBTOTAL of Receipts This Page (optional)						
TOTA	AL This Period (last page this line number or	nly))				

SCHEDULE A (FEC Form 3X)			Llas seperate sebadula(s)	FOR LINE NUMBER: PAGE 76 / 116		
	ITEMIZED RECEIPTS		or each category of the	(check only one)		
•••	TEMMELD RESENTS		Detailed Summary Page	X 11a 11b 11c 12		
•				13 14 15 16 17		
or	ly information copied from such Reports and State for commercial purposes, other than using the nar	ments may me and add	r not be sold or used by any person lress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	National Association of Insurance and Fir tee	nancial Ac	dvisors Political Action Com	mit-		
A.	Full Name (Last, First, Middle Initial) A. Mr. Robert M. Roach, CLU, ChFC			Date of Receipt		
	Mailing Address 1287 Harrison Pond Drive			07 10 2007		
	City	State	Zip Code	Transaction ID: R1690721		
	New Albany	OH	43054	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		117.50		
	Self-employed	Occupation Insurance		Payroll Deduction		
	Receipt For:		Year-to-Date ▼			
	Primary General		1075.00	1		
	Other (specify) ▼	0 0	1075.80			
В.	Full Name (Last, First, Middle Initial) Mr. David B. Romero, RFC, CRC,			Date of Receipt		
	Mailing Address 6909 Oak Hill Cir.			M M / D D / Y Y Y Y		
				07 11 2007		
	City	State	Zip Code	Transaction ID: R475710		
	Shreveport	LA	71106-3415	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
				Check		
	Self-employed	Occupation		Glieck		
		Insurance	-			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify)	' '	250.00			
		0 0	0 0 0 0 0 0 0	1		
С.	Full Name (Last, First, Middle Initial) Mr. Howard M. Rosenblatt			Date of Receipt		
	Mailing Address 3530 NW 30th Place			M M / D D / Y Y Y Y		
				07 18 2007		
	City	State	Zip Code	Transaction ID: R475856		
	Gainesville	FL	32605-2613	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		100.00		
	Self-employed 1	Occupation Insurance		Check		
	Receipt For:		Year-to-Date ▼			
	Primary General		050.00	1		
	Other (specify) ▼		250.00]		
SUPTOTAL of Respire This Respired Waterell						
S	UBTOTAL of Receipts This Page (optional)		<u>)</u>	407.30		
Т	OTAL This Period (last page this line number only	v)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 116 (check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Stati for commercial purposes, other than using the na	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,	
\rangle	National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
٩.	Full Name (Last, First, Middle Initial) Mr. Howard M. Rosenblatt			Date of Receipt
	Mailing Address 3530 NW 30th Place			07 18 2007
	City	State	Zip Code	Transaction ID: R475857
	Gainesville	FL	32605-2613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Self-employed	Occupation Insurance		Check
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Mr. Harry S. Rosnick, LUTCF			Date of Receipt
	Mailing Address 3435 Jefferson Davis Hw P.O. Box 360	0 7 1 0 7 2 0 0 7		
	City	State	Zip Code	Transaction ID: R1688426
	Fredericksburg	VA	22404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00 Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		1 ayron beduction
	Receipt For:		e Year-to-Date ▼	-
	Primary General Other (specify) ▼	33 3 3 3 3	225.00	
D.	Full Name (Last, First, Middle Initial) Mr. Harry S. Rosnick, LUTCF			Date of Receipt
	Mailing Address 3435 Jefferson Davis Hw P.O. Box 360	/y		07 25 7 2007
	City	State	Zip Code	Transaction ID: R476054
	Fredericksburg	VA	22404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00 Check
	Name of Employer Self-employed	Occupation		Check
	Receipt For:	Insurance Aggregate	e Year-to-Date ▼	\dashv
	Primary General Other (specify) ▼	, iggi ogalio	225.00	
sı	JBTOTAL of Receipts This Page (optional)			225.00
TO	OTAL This Period (last page this line number or	ly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUI	
	ITEMIZED RECEIPTS		or each category of the	(check only one	^{e)}
11	EMIZED RECEIP 13		Detailed Summary Page		11b 11c 12
				13	14 15 16 17
Ar	y information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may	not be sold or used by any perso	n for the purpose	of soliciting contributions
OI		anu auu	ress or any political committee to	SOIICIL CONTINUUIOI	ils from such committee.
	NAME OF COMMITTEE (In Full)				
\angle	National Association of Insurance and Finar tee	ncial Ad	Ivisors Political Action Comr	nit-	
	Full Name (Last, First, Middle Initial)			5	
Α.	Mr. Franklin W. Roth, LUTCF			Date of Rec	<u> </u>
	Mailing Address 608 Buckwood Dr.			0.7	20 2007
	City S	State	Zip Code		
	Orlando F		32806-7023		n ID: R476180
		-	32006-7023	Amount of E	Each Receipt this Period
	FEC ID number of contributing federal political committee.	;			500.00
	Name of Employer Oc	cupation		Credit Card	I
	Self-employed	surance			
			Year-to-Date ▼		
	Primary General	99.094.0	. Sur to Date V		
	Other (specify)		500.00		
		-	0 0 0 0 0 0 0		
_	Full Name (Last, First, Middle Initial)				
В.				Date of Rec	ceipt
	Mailing Address 5908 E. Conservation Dr.			M M /	D D / Y Y Y Y
				0 7	10 2007
	City	State	Zip Code	Transaction	םו ר: R1688900
	<u>Longmont</u> C	0	80504	Amount of E	Each Receipt this Period
	FEC ID number of contributing federal political committee				37.50
	federal political committee.	<u> </u>			07.00
	Name of Employer	cupation		Payroll Dec	duction
	Salt-amployed	surance			
	4 7		Year-to-Date ▼		
	Primary General	gg. ogato	Total to Date V		
	Other (specify) ▼		262.50		
		-			
_	Full Name (Last, First, Middle Initial)				
C.	Mr. D. David Russell			Date of Rec	ceipt
	Mailing Address 8461 Eagle Preserve Way			M M /	10 7 7 7 7
	011	N - 1 -	7's Osda	07	10 2007
	•	State	Zip Code		n ID: R1688581
	<u>Sarasota</u> F	- <u>L</u>	34241-9449	Amount of E	Each Receipt this Period
	FEC ID number of contributing federal political committee	:			50.00
	Name of Employer Occ				
			l	Payroll Dec	duction
Self-employed Insu		surance	e Agent		
			Year-to-Date ▼	7	
	Primary General	1 1	272.25	1	
Other (specify) ▼			350.00		
_					
s	UBTOTAL of Receipts This Page (optional)	L	587.50		
\vdash			<u> </u>		
Lτ	OTAL This Period (last page this line number only)				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 79 / 116
	ITEMIZED RECEIPTS		or each category of the	(check only one)	. —
•••	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b	11c 12 15 16 17
۸۰	w information copied from such Deports and C	totomonto moi	, not be cold or used by any person	13 14	
or	ly information copied from such Reports and S for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from s	uch committee.
	NAME OF COMMITTEE (In Full)				
\rangle	National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-	
Α.	Full Name (Last, First, Middle Initial) Mr. Daniel L. Rust, LUTCF			Date of Receipt	
	Mailing Address 114 W. Arnold			07 10	2007
	City	State	Zip Code	Transaction ID: R1	
	Bozeman	<u>MT</u>	59715-6129	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			60.00
	Name of Employer Self-employed	Occupation		Payroll Deduction	
	Receipt For:		Year-to-Date ▼		
	Primary General		400.00	1	
	Other (specify) ▼	0 0	420.00		
В.	Full Name (Last, First, Middle Initial) Mr. Daniel J. Scholz, CLU, ChFC	l		Date of Receipt	
	Mailing Address 1510 So. 183 Circle			0 7 1 0	2007
	City	State	Zip Code	Transaction ID: R1	691267
	Omaha	NE	68130	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			105.00
	Name of Employer Self-employed	Occupation		Payroll Deduction	
	Receipt For:		Year-to-Date ▼		
	Primary General	00 0		1	
	Other (specify) ▼	0 0	565.00		
c.	Full Name (Last, First, Middle Initial) Mr. Allan B. Schon			Date of Receipt	
	Mailing Address 441 16th NW			07 10	2007
	City	State	Zip Code	Transaction ID: R1	689201
	Minot	ND	58703-1941	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	С			30.00
	Name of Employer Occi Self-employed Insu		n e Agent	Payroll Deduction	
			Year-to-Date ▼	7	
	Primary General		010.00	1	
	Other (specify)	0 0	210.00		
s	UBTOTAL of Receipts This Page (optional)				195.00
\vdash				-	• • • • • • •
T	OTAL This Period (last page this line number	only)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 80 / 116
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	nit-
Δ.	Full Name (Last, First, Middle Initial) Mr. Mark B. Schwendeman			Date of Receipt
	Mailing Address 427 4th St			07 10 2007
	City	State	Zip Code	Transaction ID: R1691474
	<u>Marietta</u>	OH	45750-2004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Self-employed	Occupation	1	Payroll Deduction
	Seir-employed	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		210.00	
		0 0	0 0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) Mr. Walter J. Scott, CLU			Date of Receipt
	Mailing Address 1022 WASHINGTON AV	E.		07 10 2007
	City	State	Zip Code	Transaction ID: R1690663
	OSHKOSH	WI	54901-5354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.40
	Name of Frankson	0		Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		,
	Receipt For:		Year-to-Date ▼	
	Primary General			
	Other (specify)	0 0	352.80	
_	Full Name (Last, First, Middle Initial)			Date of Receipt
٥.	Mr. Harry E. Sechman Mailing Address 13 Beechwood Dr			M M / D D / Y Y Y Y
				07 10 2007
	City Rutland	State MA	Zip Code	Transaction ID: R1689002
			01543-1751	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer	Occupation	1	Payroll Deduction
	Self-employed	Insurance	-	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		210.00	
			0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)			110.40
т	OTAL This Period (last page this line number on	lv)		
		· y / ······	······································	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 116 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. James A. Shalek, Jr., CLU, Ch Mailing Address 1706 Candleberry Lane City Yorkville FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State IL C Occupation Insurance Aggregate		Date of Receipt M M
3.	Full Name (Last, First, Middle Initial) Mr. Jeffrey D. Sharp Mailing Address 9735 Fieldcrest Dr. City Omaha FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State NE C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- .	Full Name (Last, First, Middle Initial) Mr. Kenneth A. Sherlin, III,LUTCF Mailing Address 8 First Street City Ashville FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State NC C Occupation Insurance Aggregate		Date of Receipt O 7 10 2007 Transaction ID: R1688924 Amount of Each Receipt this Period 13.75 Payroll Deduction
s	UBTOTAL of Receipts This Page (optional)		_	556.25
Т	OTAL This Period (last page this line number or	nlv)	_	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 116 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Firtee	nancial Ad	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Troy J. Shreve, CLU Mailing Address 7100 S 45th Street City Lincoln FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Mark Shuster Mailing Address 654 Fairview Ave City Sierra Madre	State CA		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Self-employed	Occupation Insurance Aggregate		
C .	Self-employed 1	State WI C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			602.00
Т	OTAL This Period (last page this line number only	/)	>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 83 / 116
	·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		ame and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		Literan Daliilan Anitan Oran	
\angle	National Association of Insurance and F tee	Inanciai A	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Ken Simons, CLU, ChFC,			Date of Receipt
	Mailing Address 808 Thoroughbred Lane	!		07 10 YYYY 2007
	City	State	Zip Code	Transaction ID: R1690758
	Artesia	NM	88210-2232	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		50.10
	Name of Employer Self-employed	Occupation		Payroll Deduction
		Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		350.70	
	Other (specify)		0 0 0 0 0 0 0	
В.	Full Name (Last, First, Middle Initial) Mr. C. Gibbs Smith, Jr., CLU			Date of Receipt
٥.	Mailing Address 2028 Priest Rd			M M / D D / Y Y Y Y
				07 09 2007
	City	State	Zip Code	Transaction ID: R475632
	Nashville	TN	37215-5116	Amount of Each Receipt this Period
	FEC ID number of contributing	C		500.00
	federal political committee.	<u> </u>		
	Name of Employer Self-employed	Occupation	1	Check
	Self-employed	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		300.00	
_	Full Name (Last, First, Middle Initial)			Date of Descript
C.	Mr. H. Dan Smith, CLU, LUTCF Mailing Address 1616 Rio Vista			Date of Receipt
	Mailing Address 1616 Rio Vista			07 10 2007
	City	State	Zip Code	Transaction ID: R1690533
	Dallas	TX	75208-2338	Amount of Each Receipt this Period
	FEC ID number of contributing	C		210.00
	federal political committee.	<u> </u>		
	Name of Employer Self-employed	Occupation		Payroll Deduction
		Insurance	•	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)		1620.00	
	Carlot (opcony)	-	0 0 0 0 0 0 0	1
s	UBTOTAL of Receipts This Page (optional)			760.10
\vdash				-

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 116 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Robert O. Smith, CLU, ChFC, Mailing Address 242 Greenbrier Dr SE City Grand Rapids FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State MI C Occupation Insurance Aggregate		Date of Receipt M M J J D D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr. Russell A. Smith Mailing Address 22928 San Joaquin Drive	e East		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Canyon Lake FEC ID number of contributing federal political committee.	State CA C Occupation	Zip Code 92587-7831	Transaction ID: R1690557 Amount of Each Receipt this Period 208.00 Payroll Deduction
	Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Insurance		
) .	Full Name (Last, First, Middle Initial) Mr. David E. Smithkey, CLU, RFC Mailing Address 9451 Heddy Drive City	State	Zip Code	Date of Receipt M M
	FIushing FEC ID number of contributing federal political committee.	C	48433	Amount of Each Receipt this Period 208.00
	Name of Employer Self-employed Receipt For: Primary General Other (specify)	Occupation Insurance Aggregate		Payroll Deduction
s	UBTOTAL of Receipts This Page (optional)			916.00
T	OTAL This Period (last page this line number on	lv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 85 / 116
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and Staten	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nam	ne and add	ress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\geq	National Association of Insurance and Finatee	ancial Ad	dvisors Political Action Comr	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. Mark V. Snider, ChFC			Date of Receipt
	Mailing Address 44 Elmwood Place			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1691118
	Athens	OH	45701-1904	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
				Payrall Doduction
	Self-employed '	Occupation		Payroll Deduction
		nsurance Aggregate	Year-to-Date ▼	-
	Primary General	riggrogato		
	Other (specify) ▼		294.00	
~	Full Name (Last, First, Middle Initial) Ms. Sharon L. Sparling, CIC			Date of Receipt
- .	Mailing Address P.O. Box 1914			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	Transaction ID: R1689240		
	Mount Vernon	State WA	Zip Code 98273-1914	Amount of Each Receipt this Period
	FFC ID as well as of a satisfaction			
	federal political committee.	C		45.00
	Name of Employer	Occupation	1	Payroll Deduction
	Name of Employer Self-employed	nsurance	e Agent	
		Aggregate	Year-to-Date ▼	
	Primary General		315.00	
	Other (specify) ▼	0 0		
).).	Full Name (Last, First, Middle Initial) Mr. Preston R. Speece, LUTCF			Date of Receipt
	Mailing Address 14620 Fowler Ave			M M / D D / Y Y Y Y
	01	<u> </u>	7: 0 1	07 10 2007
	City Omaha	State NE	Zip Code 68116	Transaction ID: R1688553
	EEC ID assessing of a section time.		00110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Solt amployed	Occupation		Payroll Deduction
IIIS		nsurance		
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		210.00	
	<u>l</u>			447.00
S	JBTOTAL of Receipts This Page (optional)		······	117.00
т	OTAL This Period (last page this line number only)	_	•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 116 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Walter C. Sprye, Jr., CLU, C Mailing Address 101 Stoney Brook Rd. City Rocky Mount FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General	State NC C Occupation Insurance Aggregate	e Agent e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: R1691221 Amount of Each Receipt this Period 46.20 Payroll Deduction
	Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	323.40	Date of Descript
5.	Mr. Lawrence Stack, CLU, ChFC Mailing Address 28411 Northwestern Hwy City Southfield	Ste 1300 State MI	Zip Code 48034-5543	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: R1690603 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: □ Primary □ General Other (specify) ▼	Occupation Insurance Aggregate		Payroll Deduction
D .	Full Name (Last, First, Middle Initial) Mr. Angelo T. Stath Mailing Address 7821 Massachusetts	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City Merriville FEC ID number of contributing federal political committee.	State IN C	Zip Code 46410-5531	Transaction ID: R1691470 Amount of Each Receipt this Period 50.00 Payroll Deduction
	Name of Employer Self-employed Receipt For: Primary General Other (specify)	Occupation Insurance Aggregate		. ayron boadon
S	UBTOTAL of Receipts This Page (optional)			146.20
т	OTAL This Period (last page this line number on	lv)	>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8//116
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements mag	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) Mr. John P. Steele, LUTCF			Date of Receipt
Mailing Address 122 West Main			07 10 7 2007
City	State	Zip Code	Transaction ID: R1688706
Manhattan ()	MT	59741	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction
Receipt For:		e Year-to-Date ▼	7
Primary General Other (specify) ▼	0 0	210.00	
Full Name (Last, First, Middle Initial) 3. Mr. Nicholas John Stosic			Date of Receipt
Mailing Address 9820 Dixon Lane			07 10 7 2007
City	State	Zip Code	Transaction ID: R1691180
Reno	NV	89511-9455	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		126.00
Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		882.00	
Full Name (Last, First, Middle Initial) Mr. David L. Stratton, CLU, ChFC,			Date of Receipt
Mailing Address 13115 Beach Cir.			0 7 1 0 7 2 0 0 7
City	State	Zip Code	Transaction ID: R1691039
Anchorage	AK	99515-3748	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		105.00
Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		790.00	
SUBTOTAL of Receipts This Page (optional)			261.00
TOTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 88 / 116
TEMIZED RECEIPTS			or each category of the	(check only one)
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δr	y information copied from such Reports and Staten	nente may	y not he sold or used by any nerso	
or	for commercial purposes, other than using the nam	e and add	lress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Finatee	ancial Ad	dvisors Political Action Com	nit-
	Full Name (Last, First, Middle Initial) Mr. Steven M. Stratton, LUTCF, CSA			Date of Receipt
٦.	Mailing Address 17131 Parkview Dr			M M / D D / Y Y Y Y
				07 10 2007
	City	State	Zip Code	Transaction ID: R1688941
	Morgan Hill	CA	95037-6606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		105.00
	Name of Employer Self-employed	Occupation	1	Payroll Deduction
	Self-employed Ir	nsurance	e Agent	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify)	-	735.00	
	Other (specify)	0 0	0 0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) Mr. Michael W. Struebing, LUTCF, CLU			Date of Receipt
	Mailing Address 16112 Parker Street			07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1688547
	Omaha	NE	68118-2429	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.50
	Name of Employer C Self-employed I	Occupation	1	Payroll Deduction
		nsurance		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		297.50	
	Full Name (Last, First, Middle Initial)			
Э.	Mr. Robert A. Styrkowicz, CLU, LUTCF			Date of Receipt
	Mailing Address 25 Monterey Drive			07 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1689102
	Vernon Hills	IL	60061-2332	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		56.50
	Name of Employer C	Occupation	1	Payroll Deduction
Self-employed Insurance Receipt For: Aggregate Primary General		•		
		Aggregate	Year-to-Date ▼	
			395.50	
	Other (specify) ▼	1 1	333.30	
s	UBTOTAL of Receipts This Page (optional)			204.00
	,		<u>*</u>	
T	OTAL This Period (last nage this line number only)		•	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NU	
ITEMIZED RECEIPTS			or each category of the	(check only on	·
• • • • • • • • • • • • • • • • • • • •	EIMIZED RECEIP 13		Detailed Summary Page	X 11a	11b 11c 12 -
_				13	14 15 16 17
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	not be sold or used by any perso dress of any political committee to	n for the purpose solicit contribution	ens from such committee.	
<u></u>	NAME OF COMMITTEE (In Full)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
$ \rangle$	National Association of Insurance and F	inancial Ac	dvisors Political Action Comp	mit-	
	tee	manoiai A	avisors i ontical Action Com	1111,-	
	Full Name (Last, First, Middle Initial)				
A.	Mr. Stephen G. Summerlin, CFP			Date of Re	ceipt
	Mailing Address 4014 N. W. 15th Street			M M /	
	Cit.	01-1-	7:- 0 - 4-	07	10 2007
	City Gainesville	State FL	Zip Code		on ID: R1691107
		FL.	32605-1912	Amount of	Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			42.00
	rederal political committee.			Day wall Da	al continue
	Name of Employer Self-employed	Occupation	1	Payroll De	duction
		Insurance			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	' '	294.00		
	Other (specify) ▼	0 0			
_	Full Name (Last, First, Middle Initial)				
В.				Date of Re	ceipt
	Mailing Address 2325 Jeans Ct			M M /	
				0 7	10 2007
	City	State	Zip Code	Transactio	on ID: R1688826
	Signal Hill	CA	90755-4047	Amount of	Each Receipt this Period
	FEC ID number of contributing	С			105.00
	federal political committee.				
	Name of Employer Self-employed	Occupation	1	Payroll De	duction
	Self-employed *	Insurance	e Agent		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		620.00		
	Other (specify) ▼		630.00		
C	Full Name (Last, First, Middle Initial) Mr. Elwood B. Syverson, LUTCF			Date of Re	eceint
٠.	Mailing Address 509 Loomis Drive			M M /	<u> </u>
	State of South Sou			0 7	10 2007
	City	State	Zip Code	Transactio	on ID: R1691192
	Mauston	WI	53948-1522	Amount of	Each Receipt this Period
	FEC ID number of contributing				30.00
federal political committee. Name of Employer Self-employed Occupation Insurance					30.00
		Occupation	า	Payroll De	duction
		Year-to-Date ▼			
Primary General Other (specify) ▼				1	
			210.00		
					477.00
s	UBTOTAL of Receipts This Page (optional)		······		177.00
T	OTAL This Period (last page this line number or	nly)			

SCHEDULE A (FEC Form 3X)		llas asparets ashadula(s)	FOR LINE NUMBER: PAGE 90 / 116
ITEMIZED RECEIPTS		or each category of the	(check only one)
•••	LIVIIZED REGEII 13	Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	ny information copied from such Reports and Statements r	may not be sold or used by any perso	
or	for commercial purposes, other than using the name and	address of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)		
\rangle	National Association of Insurance and Financial tee	Advisors Political Action Comr	nit-
^	Full Name (Last, First, Middle Initial)		Data of Daggiet
A.	Mr. Joseph A. Sztapka Mailing Address 3705 S. Judy Ave		Date of Receipt
	Walling Address 5705 S. Judy Ave		07 10 2007
	City State	Zip Code	Transaction ID: R1688786
	Sioux Falls SD	57103-7248	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.00
	Name of Employer Occupa	ition	Payroll Deduction
	Self-employed '	nce Agent	
	Receipt For: Aggreg	ate Year-to-Date ▼	
	Primary General	350.00	
	Other (specify) ▼		
<u> </u>	Full Name (Last, First, Middle Initial)		Date of Receipt
Ь.	Mr. Christopher J. Taggart Mailing Address P.O. Box 2936		Date of Neceipt
	Walling Address F.O. Box 2930		07 02 2007
	City State	Zip Code	Transaction ID: R475463
	<u>Cody</u> WY	82414-2936	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		600.00
			Credit Card
	Name of Employer Occupa Self-employed		Ground Gard
	Insura	nce Agent late Year-to-Date ▼	_
	Primary General	ate rear-to-Date V	
	Other (specify) ▼	1000.00	
C	Full Name (Last, First, Middle Initial) Mr. Jeffrey J. Taggart		Date of Receipt
Ο.	Mailing Address 1107 Cedar Ln.		M M / D D / Y Y Y Y
	P.O. Box 2433		07 10 2007
	City State	Zip Code	Transaction ID: R1691140
	Cody WY	82414-2433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee		50.00
Name of Employer Occupation Self-employed Insurance			Payroll Deduction
			Payroli Deduction
		-	4
	Receipt For: Primary General Aggreg	ate Year-to-Date ▼	
	Other (specify) ▼	400.00	
		0 0 0 0 0 0 0 0	1
			700.00
S	UBTOTAL of Receipts This Page (optional)	>	700.00
_T	OTAL This Period (last page this line number only)	>	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 91 / 116
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Fittee	nancial Ad	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. Matthew S. Tassey			Date of Receipt
٦.	Mailing Address 5 Reggio Ave.			M M / D D / Y Y Y Y
	City	State	Zip Code	07 10 2007
	Old Orchard Beach	ME	2ip Code 04064-2709	Transaction ID: R1691519 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		72.00
		Ossunation		Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	504.00	
3.	Full Name (Last, First, Middle Initial) Mr. Roger G. Taylor, CLU, ChFC,			Date of Receipt
	Mailing Address 3622 Wind Briar Ct.			07 10 7 2007
	City	State	Zip Code	Transaction ID: R475678
	Battleboro	NC	27809	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2750.00
	Name of Employer Self-employed	Occupation		Credit Card
	Receipt For:	Insurance	e Agent • Year-to-Date ▼	-
	Primary General	199.79		
	Other (specify) ▼		2750.00	
) .	Full Name (Last, First, Middle Initial) Mr. Robert L. Tedoldi, Sr.			Date of Receipt
	Mailing Address 1438 Woodstream Drive			0 7
	City	State	Zip Code	Transaction ID: R476078
	Oldsmar	FL	34677-4832	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-employed	Occupation Insurance		Credit Card
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
S	UBTOTAL of Receipts This Page (optional)			3322.00
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- 1 (OTAL This Period (last page this line number only	y)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 92 / 116
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta	atements ma	v not be sold or used by any perso	
or for commercial purposes, other than using the r	name and ad	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Insurance and I tee	Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial) A. Mr. Benson B. Terrell, Jr., CFP			Date of Receipt
Mailing Address 9261 Lanier Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1688790
Lake Charles	LA	70605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify)	1 1	334.00	
Full Name (Last, First, Middle Initial) 3. Mr. Roland L. Terrell			Date of Receipt
Mailing Address 804 E 2nd			07 13 7 2007
City	State	Zip Code	Transaction ID: R475766
lowa	LA	70647-4044	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Self-employed	Occupatio Insuranc		Credit Card
Receipt For:		e Year-to-Date ▼	
Primary General		500.00	1
Other (specify)	0 0	300.00	
Full Name (Last, First, Middle Initial) Mr. Earl A. Thompson, RFC, LUTCF			Date of Receipt
Mailing Address 21014 Pricewood Mano	r Ct.		07 10 7 2007
City	State	Zip Code	Transaction ID: R1688506
Cypress	TX	77433	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction
		e Year-to-Date ▼	1
Primary General Other (specify)	0 0	294.00	
SUBTOTAL of Receipts This Page (optional)			592.00
TOTAL This Period (last page this line number o	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 93 / 116
	EMIZED RECEIPTS		or each category of the	(check only one)
•	LIMIZED RECEIL 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
۸۰	winformation assign from such Banarta and Stat	omonto moi	ret he cold or wood by any norse	
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	solicit contributions from such committee.		
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. Brad Tison, CLU, ChFC,			Date of Receipt
	Mailing Address 3216 Southern Woods D	rive		07 10 2007
	City	State	Zip Code	Transaction ID: R1688465
	Des Moines	IA	50321	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.40
	Name of Employer	Occupation	 1	Payroll Deduction
	Self-employed	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	1
	Primary General	1 1	252.00	
	Other (specify) ▼	0 0	352.80	
3.	Full Name (Last, First, Middle Initial) Mrs. Lynda D. Turner, LUTCF			Date of Receipt
	Mailing Address 1070 South Bosque Loop)		07 10 7 2007
	City	State	Zip Code	Transaction ID: R1691207
	Bosque Farms	NM	87068-9063	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		45.00
	Name of Employer Self-employed	Occupation	า	Payroll Deduction
		Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		315.00	
		0 0		
Э.	Full Name (Last, First, Middle Initial) Ms. Charmaine Uhrig, LUTCF			Date of Receipt
	Mailing Address RR 1 Box 273A			M M / D D / Y Y Y Y
	01.	01-1	7'- 0-1-	07 10 2007
	City	State	Zip Code	Transaction ID: R1689394
	Minatare	NE	69356	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.50
	Name of Employer	Occupation	ı	Payroll Deduction
	Self-employed 1	Insurance	-	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)		297.50	
	Other (specify)	0 0	0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)			137.90
			•	
T	OTAL This Period (last page this line number on	ly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 94 / 116
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
	<u>-</u>		Detailed Summary Page	13 14 15 16 17
An or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		·	
\rangle	National Association of Insurance and Fitee	nancial Ad	dvisors Political Action Com	nit-
۸.	Full Name (Last, First, Middle Initial) Mr. Brian Urie, CFP			Date of Receipt
	Mailing Address 2825 E. Cottonwood Pkw STE 470	vy		07 10 7 2007
	City	State	Zip Code	Transaction ID: R1688230
	Salt Lake City	UT	84121	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		2.50
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	1
	Primary General Other (specify) ▼	0 0	220.50	
3.	Full Name (Last, First, Middle Initial) Mr. Howard Raymond Utz, LUTCF			Date of Receipt
	Mailing Address PO Box 480			07 10 7 2007
	City	State	Zip Code	Transaction ID: R1691075
	Mars	PA	16046	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.50
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	-
	Primary General	/ iggregate		
	Other (specify) ▼		297.50	
2.	Full Name (Last, First, Middle Initial) Mr. James H. Van Epps			Date of Receipt
	Mailing Address 110 Walridge CT			M M / D D / Y Y Y Y
	- City	State	Zip Code	07 16 2007
	City Roswell	GA	2ip Code 30075-2182	Transaction ID: R475785 Amount of Each Receipt this Period
	FEC ID number of contributing		111111	
	federal political committee.	С		500.00
	Name of Employer Self-employed	Occupation .		Check
Insurance			e Agent e Year-to-Date ▼	-
	Receipt For: Primary General	Aggregate		
	Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			545.00
	OTAL This Period (last page this line number on	lv)		
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 95 / 116
	ITEMIZED RECEIPTS		or each category of the	(check only one)
•••	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	r not be sold or used by any persol lress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and Fittee	nancial Ad	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Elbert Hardy Vaughn, Jr.			Date of Receipt
	Mailing Address 711 Alba Dr.			07 06 2007
	City	State	Zip Code	Transaction ID: R475569
	Orlando	FL	32804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Occupation Self-employed Insurance		a Agent	— Check
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	500.00	
_	Full Name (Last, First, Middle Initial)			D (D
В.				Date of Receipt
	Mailing Address 15202 Sprague St			07 10 2007
	City	State	Zip Code	Transaction ID: R1690895
	Omaha	NE	68116	Amount of Each Receipt this Period
	FEC ID number of contributing			42.00
	federal political committee.	C		72.00
	Name of Employer	Occupation	1	Payroll Deduction
	Name of Employer Self-employed	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		294.00	1
	Other (specify) ▼	0 0	234.00	
C.	Full Name (Last, First, Middle Initial) Mr. Mark R. Warren, LUTCF			Date of Receipt
٥.	Mailing Address 3603 Grandview			M M / D D / Y Y Y Y
				07 10 2007
	City	State	Zip Code	Transaction ID: R1691379
	Plainview	TX	79072-6625	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer	Occupation	1	Payroll Deduction
	Solf omployed	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		· · ·	294.00	7
	Other (specify) ▼		204.00	1
8	UBTOTAL of Receipts This Page (optional)			584.00
\vdash	day ago (optional)			
Ιт	OTAL This Period (last page this line number only	v)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 96 / 116 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
΄ Δ.	Full Name (Last, First, Middle Initial) Ms. Carolyn R. Watson, LUTCF			Date of Receipt
	Mailing Address 2032 Hollis			07 10 7 2007
	City Abilene	State TX	Zip Code	Transaction ID: R1688953
	FEC ID number of contributing federal political committee.	C	79605-5726	Amount of Each Receipt this Period 50.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
3.	Full Name (Last, First, Middle Initial) Mr. Charles A. Webb			Date of Receipt
	Mailing Address 2516 Longview Ave.	07 10 7 2007		
	City Roanoke	State VA	Zip Code	Transaction ID: R1688348
	FEC ID number of contributing federal political committee.	C	24014	Amount of Each Receipt this Period 42.50
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 297.50	
) .	Full Name (Last, First, Middle Initial) Mr. Mark A. Weber, CLU, ChFC,			Date of Receipt
	Mailing Address 512 S. 158 Avenue Circ			07 23 7 2007
	City Omaha	State NE	Zip Code 68118-4110	Transaction ID: R476008 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-employed	Occupation		Check
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
SI	UBTOTAL of Receipts This Page (optional)			592.50
T	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 97 / 116 (check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. S. Mark Weeks, LUTCF, CLU Mailing Address 1389 South 500 Fast			Date of Receipt
		Otata	7: O - d -	07 10 2007
	City Salt Lake City	State UT	Zip Code 84105-2043	Transaction ID: R1691263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
3.	Full Name (Last, First, Middle Initial) Mr. Matthew C. Weider, CLU,ChFC	Date of Receipt		
	Mailing Address 6855 Compton Heights 0	07 10 2007		
	City	State	Zip Code	Transaction ID: R1688225
	Clifton FEC ID number of contributing federal political committee.	C	20124	Amount of Each Receipt this Period 50.40
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 352.80	
).	Full Name (Last, First, Middle Initial) Mr. Daniel J. Wells, LUTCF			Date of Receipt
	Mailing Address 18830 Los Hermanos Ra	anch Rd		07 10 7 2007
	City Valley Center	State CA	Zip Code 92082-6808	Transaction ID: R1688987 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	32002 0000	47.50
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 470.00	
S	UBTOTAL of Receipts This Page (optional)			147.90
T	OTAL This Period (last page this line number or	nly)		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 98 / 116 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
An or	y information copied from such Reports and Stator commercial purposes, other than using the national states are such as the property of the pr	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and F tee	inancial Ad	dvisors Political Action Com	nit-
΄ Α.	Full Name (Last, First, Middle Initial) Mr. Marlin D. Wells, CLU, ChFC,			Date of Receipt
	Mailing Address 2201 N. Washington			07 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1688773
	Roswell	NM	88201-3377	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	210.00	
3.	Full Name (Last, First, Middle Initial) Mr. Darrell E. Westby, CFP			Date of Receipt
	Mailing Address 406 Alison Ave	07 06 7 2007		
	City	State	Zip Code	Transaction ID: R475550
	Mechanicsburg	PA	17055-6660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00 Check
	Name of Employer Self-employed	Occupation Insurance	e Agent	Check
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		.00	Earmarked: NAIFA - Pennsy- Ivania
) .	Full Name (Last, First, Middle Initial) Mr. Lester E. Westgard, CLU			Date of Receipt
	Mailing Address 2714 26th Ave SW			07 10 7 2007
	City	State	Zip Code	Transaction ID: R1688580
	Fargo	ND	58103-5006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00 Payroll Deduction
Self-employéd Ins		Occupation Insurance		1 ayron beduction
			e Year-to-Date ▼	-
	Primary General Other (specify) ▼		420.00	
SI	UBTOTAL of Receipts This Page (optional)			190.00
T	OTAL This Period (last page this line number or	ıly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 116 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-
<u>/_</u> З.	Full Name (Last, First, Middle Initial) Mr. Raymond M. White, ChFC,LUTCF Mailing Address 24 Reverend Houston Dri City Bedford FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) General Other (specify) Milliam T. Whitmore, Jr.,LUTCF Mailing Address P. O. Box 4748 City Virginia Beach FEC ID number of contributing federal political committee.	State NH C Occupation Insurance Aggregate State VA	e Agent e Year-to-Date ▼ 250.00 Zip Code 23454-0748	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: R475479 Amount of Each Receipt this Period 250.00 Check Date of Receipt M M / D D / Y Y Y Y Y 0 7 1 0 2 0 0 7 Transaction ID: R1690619 Amount of Each Receipt this Period 50.00 Payroll Deduction
	Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupation Insurance Aggregate		
C.	Full Name (Last, First, Middle Initial) Mr. William T. Whitmore, Jr.,LUTCF Mailing Address P. O. Box 4748 City Virginia Beach FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State VA C Occupation Insurance Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: R476061 Amount of Each Receipt this Period 50.00 Check
s	UBTOTAL of Receipts This Page (optional)			350.00
Т	OTAL This Period (last page this line number onl	v)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 116 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-
33.		State SC Occupation Insurance Aggregate State SC C Occupation Insurance	Zip Code 29621 n e Agent e Year-to-Date Zip Code 29212	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
D.	Full Name (Last, First, Middle Initial) Mr. Boyd Lee Williams Mailing Address 7023 W. Williamette Ave City Kennewick FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State WA C C C C C C C C C C C C C C C C C C C		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional)		>	324.50
T	OTAL This Period (last page this line number on	ly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 101 / 116	
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	EMIZED NEOLII 10		Detailed Summary Page	X 11a 11b 11c 12	14-
Λ	we information conicd from such Departs and Ct	atamanta ma	, not be cold or used by any never	13 14 15 16	17
or	ny information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
\rangle	National Association of Insurance and tee	Financial Ad	dvisors Political Action Com	nit-	
Α.	Full Name (Last, First, Middle Initial) Mr. Joel K. Williamson, CLU, CSA,L			Date of Receipt	
	Mailing Address 1750 Cord 16			07 10 7 2007	
	City	State	Zip Code	Transaction ID: R1690944	
	Tulia	TX	79088	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		30.00	
	Name of Employer Self-employed	Occupation		Payroll Deduction	
	Receipt For:		Year-to-Date ▼	7	
	Primary General		010.00	1	
	Other (specify) ▼		210.00		
В.	Full Name (Last, First, Middle Initial) Mr. Cliff F. Wilson, CLU, ChFC,			Date of Receipt	
	Mailing Address 1458 W. Bahia Court			07 10 / Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: R1688437	
	Gilbert	AZ	85233-5600	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		126.00	
	Name of Employer Self-employed	Occupation	1	Payroll Deduction	
	Self-employed	Insurance	e Agent		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		882.00		
	Full Name (Last, First, Middle Initial) Mr. Larry J. Winkelhake, CLU, ChFC			Date of Receipt	
•	Mailing Address 18600 Longview Ct			M M / D D / Y Y Y Y	
				07 10 2007	
	City	State	Zip Code	Transaction ID: R1690644	
	Brookfield	WI	53045	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		90.00	
	Name of Employer Self-employed	Occupation		Payroll Deduction	
	Receipt For:		Year-to-Date ▼	7	
	Primary General		000.00	1	
	Other (specify) ▼		630.00		
s	UBTOTAL of Receipts This Page (optional)			246.00	
\vdash	. 5 (1 7				\neg
T	OTAL This Period (last page this line number of	only))		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 116 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	ancial Ac	dvisors Political Action Com	nit-
A .	Full Name (Last, First, Middle Initial) Mr. Benjamin Bunn Woodard, Jr. Mailing Address 109 Bristol Court City Rocky Mount FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State NC C ccupation asurance		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Landenberg FEC ID number of contributing federal political committee. Name of Employer Self-employed October Self-employed	State PA C ccupation asurance aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: R1691493 Amount of Each Receipt this Period 105.00 Payroll Deduction
Э.	Rancho Palos Verde FEC ID number of contributing federal political committee. Name of Employer Self-employed October 100	State CA C ccupation surance		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		······•	193.75
T	OTAL This Period (last page this line number only) .)	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 103 / 116
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δn	v information conied from such Reports and State	ements may	v not he sold or used by any nerso	
or	y information copied from such Reports and State for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Insurance and Fittee	nancial Ad	dvisors Political Action Com	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. Alan R. Zalewski, CLU, ChFC,			Date of Receipt
	Mailing Address 6908 North 27th Street			07 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1689235
	Tacoma	WA	98407-1002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self-employed	Occupation	1	Payroll Deduction
		Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	_ ' '	350.00	
	Cuter (speedily)		0 0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) Mr. Theodore J. Zouzounis, CLU			Date of Receipt
	Mailing Address 820 Mariposa Rd			07 10 2007
	City	State	Zip Code	Transaction ID: R1690618
	Lafayette	CA	94549	Amount of Each Receipt this Period
	FEC ID number of contributing	С		42.50
	federal political committee.			
	Name of Employer Self-employed	Occupation	1	Payroll Deduction
	Self-employed 5	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	· · ·	297.50	
	Other (specify) ▼	0 0	237.30	
о. Э.	Full Name (Last, First, Middle Initial) Mr. H. Keith de Noble, LUTCF, CLU			Date of Receipt
	Mailing Address 13200 W Markham Stree	t, Suite 10	05	07 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1691173
	Little Rock	AR	72211-3285	Amount of Each Receipt this Period
	FEC ID number of contributing			20.00
	federal political committee.	C		30.00
	Name of Employer	Occupation	1	Payroll Deduction
	Self-employed Se	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	· ·	210.00	
	Other (specify) ▼	0 0	210.00	
9	UBTOTAL of Receipts This Page (optional)		_	122.50
	ODITIAL OF HEGERALS THIS Fage (optional)		······································	
T	OTAL This Period (last page this line number onli	y)	>	35061.16

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2	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER:	PAGE	104 /	116					
IT	EMIZED DISBURSEMENTS	for each category of the	(check onl		_							
•		Detailed Summary Page	X 21b		24	25	_	26				
			27	28a 28b	28c	29		30b				
	y Information copied from such Reports and State				•							
or	for commercial purposes, other than using the nan	e and address of any political co	mmittee to so	olicit contributions from s	uch comn	nittee						
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)											
\rangle	National Association of Insurance and Firtee	ancial Advisors Political Ac	tion Commi	it-								
	Full Name (Last, First, Middle Initial)			Transaction ID: D94	429							
٩.	First Union Bank			Date of Disbursemen								
				M M / D D	/ Y Y	Y	Υ					
	Mailing Address One First Union Center			07 / 29	2	0 ŏ 7						
	City	State Zip Code		Amount of Each Disk	oursemen	t this P	erioc					
	Charlotte	NC 28288-1164					-	-				
	Purpose of Disbursement	-			1	077.6	5 ့					
	Bank Charges											
	Candidate Name		Category/									
			Туре									
	Office Sought: House Disburs	ement For:										
	Senate	Primary General										
	President	Other (specify) ▼										
	State: District:											

SUBTOTAL of Disbursements This Page (optional)	•	1077.65
TOTAL This Period (last page this line number only)	•	1077.65

SCHEDOLL B (I LOI OIIII 3X)	Use seperate schedule(s)	(check		umber one)	:	P	AGE '	105 / 1	16		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	218 27	Ĺ	, ´ –	X 23 28b	24 28c	\vdash	25 29	26 30b		
Any Information copied from such Reports and Stater											
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any political co	ommittee to	SOIIC	it Contrib	utions in	om such	COMMI	iee			
National Association of Insurance and Fin	ancial Advisors Political Ac	tion Con	nmit-								
Full Name (Last, First, Middle Initial)				Transa	ction ID:	: D9408					
• Barrett for Congress					Disburs		v • v	V ° \	7		
Mailing Address P.O. Box 869				0 ^M 7 M]	24	20	ŏ7			
City Westminster	State Zip Code SC 29693			Amoun	t of Each	Disburse	ement t	his Pe	eriod		
Purpose of Disbursement	29093		-				10	00.00)		
Contr. J. Gresham Barrett (SC-3-R-US											
Candidate Name J. Gresham Barrett		Category/ Type									
Senate X President	ement For: 2008 Primary General Other (specify)			House)							
State: SC District: 03											
Full Name (Last, First, Middle Initial) Bilirakis for Congress					ction ID: Disburs	: D9390 ement					
				0 7 M	/ D	D /	y y o	ó7	7		
Mailing Address 610 S. Boulevard				0 7			20	7 0 7			
City Tampa	State Zip Code FL 33606			Amoun	t of Each	Disburse	ement t	his Pe	eriod		
Purpose of Disbursement			1	1000.00							
Contr. Gus Bilirakis (FL-9-R-US House) Candidate Name											
Gus Bilirakis	'	Category/ Type									
Senate X President	ement For: 2008 Primary General Other (specify)										
State: FL District: 09											
Full Name (Last, First, Middle Initial) Campbell for Congress					Disburs						
Mailing Address 18004 Sky Park Circle, S	Suite 155			0 7 M	/ D	0 /	ž	ŏ7			
City Irvine	State Zip Code CA 92660			Amoun	t of Each	Disburse	ement t	his Pe	eriod		
Purpose of Disbursement Contr. John Campbell (CA-48-R-US House)		•	1				10	00.00)		
Candidate Name John Campbell		Category/ Type	1								
	ement For: 2008 Primary General Other (specify)										
SUBTOTAL of Disbursements This Page (optional)			→				30	00.00)		
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TOTAL This Period (last page this line number only											

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)		{ LINE ck only	NUMBE	H:	L	PAGE	106 /	116				
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23		4 8c	25 29	26 30b				
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam									3				
NAME OF COMMITTEE (In Full)	e and address of any political co	Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	2 10 50	iicit coriti	ibutions	5 110111 500	CIT COITI	millee					
National Association of Insurance and Finatee	ancial Advisors Political Ac	tion C	ommi	t-									
Full Name (Last, First, Middle Initial)				Trans	action	ID : D940	07						
Clay Jr. for Congress						ursement	V .	/ · V	V				
Mailing Address 625 N Euclid Avenue, Su	ite 200			0 ^M 7		^D 2 0 /	. 2	2 0 ŏ 7					
City	State Zip Code			Amou	nt of Ea	ach Disbu	ırsemer	nt this P	eriod				
St. Louis Purpose of Disbursement	MO 63108		_					1000.0	0				
Contr. William Lacy Clay, Jr. (MO-1-D-US					-	-		-					
Candidate Name William Lacy Clay, Jr.		Catego Type	·y/										
Senate X President	ment For: 2008 Primary General Other (specify)			House	e)								
State: MO District: 01 Full Name (Last, First, Middle Initial)													
3. Clyburn for Congress				Date o	of Disbu	ID: D94							
Mailing Address P.O. Box 12567				0 ^M 7	M /	30	Y 2	2 o ŏ 7	Y				
City Columbia	State Zip Code SC 29211			Amou	nt of Ea	ach Disbu	ırsemer	nt this P	eriod				
Purpose of Disbursement	Г					2500.00							
Contr. James E. Clyburn (SC-6-D-US Candidate Name													
James E. Clyburn	'	'y /											
Senate X President	ment For: 2008 Primary General Other (specify)	Primary General				House)							
State: SC District: 06													
Full Name (Last, First, Middle Initial) Committee to Elect Nydia M. Velazquez to	Congress					ID: D940 ursement	06						
Mailing Address 315 Inspiration Lane				0 ^M 7	M /	^D 2 0 /	Y	2 o ŏ 7	Y				
City Gaithersburg	State Zip Code MD 20878			Amou	nt of Ea	ach Disbu	ırsemer	nt this P	eriod				
Purpose of Disbursement Contr. Nydia M. Velazquez (NY-12-D-US		0						2500.0	0				
Candidate Name Nydia M. Velazquez		Catego Type	·y/										
	ment For: 2008 Primary General Other (specify)			House	e)								
SUBTOTAL of Disbursements This Page (optional)			•	·			6	0.000	0				
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	STILDOLL B (I LOT OTHI 5X)	Use seperate schedule			FOR L (check			:H:			PAC	iE 10	/ / 116		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21k 27	ŕ	22 28a	Х	23 28b	П	24 28c	25 29	26 30		
	y Information copied from such Reports and														
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any poli	licai con	nr	nittee to	SOIIC	ontr	ributi	ions ir	om s	uch cc	mmittee	e		
\rangle	National Association of Insurance an tee	d Financial Advisors Politic	al Acti	io	n Com	nmit-									
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	: D9	405				
Α.	Donald Manzullo for Congress							Date of Disbursement							
	Mailing Address PO Box 7783						0 ^M 7	М	[/] 2	20	/ L	žoŏ	7		
	City	State Zip Code					Amou	int o	f Each	n Disl	oursen	nent this	Period		
	Rockford	IL 61126					T.					1000	00		
	Purpose of Disbursement Contr. Donald A. Manzullo (IL-16-R-US						-	-	-	-		1000	7.00		
	Candidate Name Donald A. Manzullo		C		egory/ ype										
	Office Sought: X House Senate President State: IL District: 16	sbursement For: 2008 X Primary General Other (specify)	ral				House	e)							
	Full Name (Last, First, Middle Initial)														
B.	Friends of Senator Rockefeller								on ID isburs	_		· V · V	· V		
	Mailing Address PO Box 1909						0 7	IVI		ΙŎ		žoŏ	7		
	City Charleston	State Zip Code WV 25327					Amou	int o	f Each	n Disl	oursen		Period		
	Purpose of Disbursement Contr. John D. Rockefeller, IV (WV-D-US						5000.00						0.00		
	Candidate Name John D. Rockefeller, IV					Category/ Type									
	Office Sought: House X Senate President	sbursement For: 2008 Primary X General Other (specify)	ral				Senat	te)							
	State: WV District:	Other (specify)													
C.	Full Name (Last, First, Middle Initial) Friends of Tim Johnson						Trans		-						
	Mailing Address PO Box 17097						0 ^M 7	М	/ D	1 ^D	/ Y	ž 0 0	7		
	City Urbana	State Zip Code IL 61820					Amou	int o	f Each	n Disl	oursen	nent this			
	Purpose of Disbursement Contr. Timothy V. Johnson (IL-15-R-US						L.			-		1000	0.00		
	Candidate Name Timothy V. Johnson		C		egory/ ype										
	Office Sought: X House Di Senate President	sbursement For: 2008 X Primary Gener Other (specify)	ral		,r-°		House	e)							
	State: IL District: 15						_	_		-					
s	UBTOTAL of Disbursements This Page (opt	ional)				<u> </u>	<u></u>	_				7000	.00		
т	OTAL This Period (last page this line number	r only)			.	•									

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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check or 21b 27	22 28a	X 23 28b	24 28c		25	26 30b
	y Information copied from such Reports and Statem or commercial purposes, other than using the name								
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee	•							
Α.	Full Name (Last, First, Middle Initial) Hobson for Congress Committee Mailing Address 82 W Columbia			Date	saction ID: [of Disburser	ment	Ž 0	ў 7 ^Y	
		State Zip Code OH 45503		Amou	ınt of Each [Disburse	-		iod
	Purpose of Disbursement Contr. David L. Hobson (OH-7-R-US House)		•	L.			20	00.00	
	Candidate Name David L. Hobson		egory/ ype						
	· —	ment For: 2008 Primary General Other (specify)							
3.	Full Name (Last, First, Middle Initial) Kind for Congress Committee				saction ID: [of Disburser				
	Mailing Address 505 King St. Suite 105			0 ^M 7	M / DO 9	Ð / Y	ž 0	0 [°] 7	
		State Zip Code WI 54601		Amou	ınt of Each [)isburse			iod
	Purpose of Disbursement Contr. Ron Kind (WI-3-D-US House) Candidate Name			L.			25	00.00	
	Ron Kind		egory/ ype						
		ment For: 2008 Primary General Other (specify)							
Э.	Full Name (Last, First, Middle Initial) Marion Berry for Congress				saction ID: [of Disburser				
	Mailing Address P.O. Box 8084			0 ^M 7	M / D 1	7 / Y	ž 0	0 [°] 7	
	,	State Zip Code AR 72403		Amou	ınt of Each D)isburse	-		iod
	Purpose of Disbursement Contr. Marion Berry (AR-1-D-US House) Candidate Name			L.			10	00.00	
	Marion Berry		egory/ ype						
		ment For: 2008 Primary General Other (specify)							
SI	UBTOTAL of Disbursements This Page (optional) .		 •				550	00.00	
T	OTAL This Period (last page this line number only)		 . •						

	SHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s))		-OR LII check (H:			PAG	E 109	/ 116
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	Ĺ	22 28a	Х	23 28b	\Box	24 28c	25 29	26 30b
	y Information copied from such Reports and State for commercial purposes, other than using the nar												ıs
V O	NAME OF COMMITTEE (In Full)	——————————————————————————————————————	i Com		iillee lo	SOIICI	COIL	ibuti	0115 111	OIII SI	uch con	IIIIIIIII	
\rangle	National Association of Insurance and Fire	nancial Advisors Political	Actio	or	Com	mit-							
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	: D94	104		
Α.	Mark Pryor for US Senate						Date of	of Di м		emen		V V	V
	Mailing Address PO Box 2720						0 7	IVI /	2	2 Ŏ	′ <u>L</u> .	ž 0 ŏ	7 '
	City Little Rock	State Zip Code AR 72203					Amou	nt of	Each	Disb	urseme	ent this	Period
	Purpose of Disbursement Contr. Mark L. Pryor (AR-D-US Senate)			0								1000.	00
	Candidate Name Mark L. Pryor		ı		egory/ /pe	'							
	X Senate President	sement For: 2008 Primary X General Other (specify)											
_	State: AR District:												
В.	Full Name (Last, First, Middle Initial) Marsha Blackburn for Congress Inc.						Trans Date	of Di	sburs	emen	t		
	Mailing Address PO Box 682185						0 ^M 7	М	^D C	9	/ L	žoŏ	7
	City Franklin	State Zip Code TN 37068					Amou	nt of	Each	Disb	ourseme	ent this	
	Purpose of Disbursement Contr. Marsha Blackburn (TN-7-R-US							•				2500.	00
	Candidate Name Marsha Blackburn				egory/ /pe								
	Senate President	sement For: 2008 X Primary General Other (specify)				ı	House	e)					
	State: TN District: 07												
C.	Full Name (Last, First, Middle Initial) Martinez for Senate						Trans Date of	of Di	sburs	emen	t		
	Mailing Address P.O. Box 536176						0 ^M 7	М	1	7	/ Y	žoŏ	7 ^Y
	City Orlando	State Zip Code FL 32853					Amou	nt of	Each	Disb	urseme	ent this	Period
	Purpose of Disbursement Contr. Mel Martinez (FL-R-US Senate)											2500.	00
	Candidate Name Mel Martinez				egory/ /pe								
	X Senate President	sement For: 2010 X Primary General Other (specify)											
	State: FL District:							-				6000	00
S	UBTOTAL of Disbursements This Page (optional)			. •	-		-	_	-		6000.	VU
Т	OTAL This Period (last page this line number only	y)			Þ	•							

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Τ	EMIZED DISBURSEMENTS	for each categor Detailed Summa		(CI	neck only 21b 27	22 28a	X 23 28b	24 28c	25	
	y Information copied from such Reports and Statem for commercial purposes, other than using the name									
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee		· ·							
٨.	Full Name (Last, First, Middle Initial) Mel Watt for Congress Committee Mailing Address PO Box 36831					Date	of Disburs	D: D9379 sement	y žo	ý 7 Y
	PO BOX 30031									•
	,	State Zip C NC 2823				Amou	int of Eac	h Disburs	ement th	is Period
	Purpose of Disbursement Contr. Melvin L. Watt (NC-12-D-US House)								500	00.00
	Candidate Name Melvin L. Watt			Categ Typ	-					
			2008 General							
	Full Name (Last, First, Middle Initial)					Trans	action ID): D9402		
3.	Mike Crapo for US Senate						of Disburs		v · v	V * V
	Mailing Address PO Box 1948					0 7	W / D	18	20	Ď 7 [×]
	•	State Zip C ID 8370				Amou	int of Eacl	h Disburs	ement th	is Period
	Purpose of Disbursement Contr. Mike Crapo (ID-R-US Senate)			•					500	00.00
	Candidate Name Mike Crapo			Categ Typ	-					
			2010 General							
_	Full Name (Last, First, Middle Initial)					Trans	action ID): D9391		
j.	National Leadership PAC						of Disburs		v · v	V * V
	Mailing Address PO Box 5577					0 ^M 7	, ,	1 2 /	20	Ŏ 7 Y
		State Zip C NY 1002				Amou	int of Eacl	h Disburs	ement th	is Period
	Purpose of Disbursement Contr. National Leadership PAC (PAC to								500	00.00
	Candidate Name			Categ Typ						
	Office Sought: Senate President State: Disburse X Annual		2007 General			PAC)				
s	UBTOTAL of Disbursements This Page (optional) .				•				1500	0.00
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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21b 27	$\bigcap_{i=1}^{n} 2^{i}$	22 28a	Х	23 28b	П	24 28c	П	25 29	26 30k
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam													5
01	NAME OF COMMITTEE (In Full)	le and address of any political	ai Coii	1111	iillee lo	SOIICIL	COLI	ibuti	0115 11	OIII S	sucii c	OHIIII	illee	
\rangle	National Association of Insurance and Fin	ancial Advisors Political	Actio	or	Comi	mit-								
_	Full Name (Last, First, Middle Initial)								on ID	_	-			
Α.	Pascrell for Congress							of Di	sburs		nt	V	V	V
	Mailing Address PO Box 640						0 7			18	, L	2 (0 ŏ 7	
	City	State Zip Code				Δ	mou	nt o	Each	n Disl	burser	ment	this F	eriod
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	Contr. William J. Pascrell, Jr.					1 '			-					
	Candidate Name William J. Pascrell, Jr.				egory/ /pe									
	Senate X President	ement For: 2008 Primary General Other (specify)				1)	JJ-8-	-D-l	JS H	ouse	e)			
	State: NJ District: 08 Full Name (Last, First, Middle Initial)					_								
В.	Peter Hoekstra for Congress						ate o		on ID sburs	eme		V	· V	V
	Mailing Address 1454 Cimarron Drive						0 7	IVI		1 7		2 (0 ŏ 7	
	City Holland	State Zip Code MI 49423				Δ	mou	nt o	Each	n Disl	burser			-
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	Candidate Name Peter Hoekstra				egory/ /pe									
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C.	Richard E. Neal For Congress					1 -	ate o		on ID sburs			V	V	V
	Mailing Address 76 Magnolia Terrace #7	18					0 7		1	1 Ŏ		2 (0 ŏ 7	
	City Springfield	State Zip Code MA 01108				Δ	mou	nt o	Each	n Disl	burser			
	Purpose of Disbursement Contr. Richard E. Neal (MA-2-D-US House)] [_	_		•		1(000.0	00
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	Office Sought: X House Disburs Senate President	ement For: 2008 Primary X General Other (specify)	1											
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National Association of Insurance and Fina tee	ncial Advisors Political Ac	tion	Comn	nit-						
Full Name (Last, First, Middle Initial)				Tran	sacti	on ID:	D9386			
Richard E. Neal For Congress						isburse		v • v		V
Mailing Address 76 Magnolia Terrace #718	3			0 ^M 7		1	0 /	2	0 0 7	
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Candidate Name Richard E. Neal		Cate Ty								
Office Sought: X House Disburser Senate X	nent For: 2008 Primary General									
President	Other (specify)									
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3. Ryan for Congress						i on ID: isburse	D9392 ment			
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Mailing Address P. O. Box 1919				0 7		!			007	
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Candidate Name Paul Ryan	'	Cate:								
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Full Name (Last, First, Middle Initial)							D9387			
Spratt for Congress Committee				Date	of D	isburse		ΥΥ	Y	Υ
Mailing Address PO Box 830				0 7		1	0 /	2	0 ŏ 7	
	State Zip Code SC 29745			Amo	unt o	f Each	Disburs	emen	t this P	eriod
Purpose of Disbursement Contr. John M. Spratt, Jr. (SC-5-D-US	Γ	v] L			-	. 1	000.0	00
Candidate Name John M. Spratt, Jr.	١,	Cate								
Office Sought: X House Disburser				Hous	se)					
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name									
\rangle	NAME OF COMMITTEE (In Full) National Association of Insurance and Finatee									
۹.	Full Name (Last, First, Middle Initial) Team Sununu Mailing Address PO Box 500				Date	action ID: of Disburse		ží) ŏ́7`	
	,	State Zip Code NH 03870			Amou	nt of Each	Disburse	ement	this Pe	eriod
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	John E. Sununu Office Sought: House Disburse	ment For: 2008 Primary General Other (specify)		/pe	John	E. Sunun	u (NH-F	₹).		
3.	Full Name (Last, First, Middle Initial) Team Sununu				Date	action ID: of Disburse	ment	V V	V * \	7
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	9 🗎 –	ment For: 2008 Primary General Other (specify)								
Э.	Full Name (Last, First, Middle Initial) Tim Bishop for Congress				Date	action ID: of Disburse	ment		V * \	7
	Mailing Address PO Box 437				0 ^M 7	0	9 /	2 () Ď 7	
	,	State Zip Code NY 11738			Amou	nt of Each	Disburse	ement	this Pe	eriod
	Purpose of Disbursement Contr. Timothy Bishop (NY-1-D-US House)] L.			25	500.00	0
	Candidate Name Timothy Bishop			egory/ /pe						
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	y Information copied from such Reports and St for commercial purposes, other than using the	•		, , ,	, ,
\	NAME OF COMMITTEE (In Full)				
	National Association of Insurance and tee	Financial Adv	risors Political A	ction Commi	ıt-
	Full Name (Last, First, Middle Initial)				Transaction ID: D9384
۹.	Trent Lott for Mississippi				Date of Disbursement
	Mailing Address PO Box 22824				07
	City Jackson	State MS	Zip Code 39225		Amount of Each Disbursement this Period
	Purpose of Disbursement Contr. Trent Lott (MS-R-US Senate)				5000.00
	Candidate Name Trent Lott			Category/ Type	
	Office Sought: House Disk X Senate President	oursement For: X Primary Other (spe	2012 General ecify)		
	State: MS District:				

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	Detailed Summary Page	□ □ □		-	25	26
		27)	(28a 28b 2	28c	29	30b
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for commercial purposes, other than using	the name and address of any political co	mmittee to soli	cit contributions from su	ch comm	nittee	
NAME OF COMMITTEE (In Full)						
National Association of Insurance a tee	nd Financial Advisors Political Act	ion Commit	-			
Full Name (Last, First, Middle Initial)			Transaction ID: D94	03		
Mr. Gary T. Bottoms						
			M M / D D /	Y Y	Y _ Y	
Mailing Address 358 The Retreat			07 20	2	007	
City	State Zin Code		Amount of Each Diab	ıraamant	thio Do	riod
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	471 200011000				100.00)
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President	Other (specify) ▼					
State: District:						
	y Information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) National Association of Insurance at the Tell Name (Last, First, Middle Initial) Mr. Gary T. Bottoms Mailing Address 358 The Retreat City Marietta Purpose of Disbursement Refund to Individual Candidate Name Office Sought: House Senate President	y Information copied from such Reports and Statements may not be sold or used by for commercial purposes, other than using the name and address of any political concentration. NAME OF COMMITTEE (In Full) National Association of Insurance and Financial Advisors Political Active Full Name (Last, First, Middle Initial) Mr. Gary T. Bottoms Mailing Address 358 The Retreat City State Zip Code GA 30064-1939 Purpose of Disbursement Refund to Individual Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼	Use seperate schedule(s) for each category of the Detailed Summary Page Variable V	Use seperate schedule(s) for each category of the Detailed Summary Page Summary Page Summa	Use seperate schedule(s) for each category of the Detailed Summary Page 21b	Use seperate schedule(s) for each category of the Detailed Summary Page

SUBTOTAL of Disbursements This Page (optional)	•	100.00
TOTAL This Period (last page this line number only)	•	100.00

(Use separate

PAGE 116 / 116

DEBTS AND OBLIGATIONS Excluding Loans		schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMMITTEE (In Full) National Association of Insurance and Financia tee	al Advisors Political Action Cor	nmit-	X 10
A. Full Name (Last, First, Middle Initial) of Debtor o NAIFA	or Creditor	Nature of Depayroll, Bees, Copies	ebt (Purpose): enefits, Suppli- s, etc
Mailing Address 2901 Telestar Court			
City State Falls Church VA	ZIP Code 22042-1205		
Outstanding Balance Beginning This Period		Trai	nsaction ID: DD#7711
23379.88			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
569.64	0.00)	23949.52
1) SUBTOTALS This Period This Page (optional)			23949.52
2) TOTALS This Period (last page this line number on	nly)	>	23949.52
3) TOTALS OUTSTANDING LOANS from Schedule	e C (last page only)	. •	

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)